

JUNE 30. 1948 - MAR. 7. 1951

62

107

133

166

207

232

257

292

306

Press Democrat Oct 5, 1948 - 1/2

ck # 911 - Bank of Am -

Examiner - Jan 1 - 49 - Jan 1 - 50 -

" Jan 1, 50 - Jan 51

Press Democrat - Oct 6, 1950

Paid till Aug 31, 1951

ck # 3111 Am Trust Co -

ck # 3837 - 10" pd

Examiner from Jan 1 - to June 1 - 1951 Inc.

City Burial Permits —

Paid to Ledger Page 116 Inclusive
Aug 24, 1949 check # 801 - Small Book Aug 5, 1949
Bank of America

Jan 4, 1950 ck # 3311 - from Aug 5, 1949 to Dec 31, 1950

...THE... AMERICAN FUNERAL RECORD

A READY REFERENCE DAY BOOK FOR UNDERTAKERS

A few words of Explanation to the man who enters up the order for Funeral Arrangements:

This Record Book will be of great assistance to your profession in recording funerals and arrangements for same, correctly, intelligently and completely. You will find it prudent to enter all items that are given therein, as in doing this you will not only enhance the prestige of the profession, but also create admiration and confidence of your patrons in your work. Record items of a deceased are looked for at the Undertakers' quite frequently, and the more exact the record is kept with data that have bearing on the funeral, the better will be the results.

In entering up your work, observe the following:

Do not hesitate to get and fill in all possible information to make the biographical record of the deceased complete. Such items as date of birth, occupation of the deceased, single or married, religion and age, are matters of biographical record and should be entered up most exactly and correctly in every case.

The two clauses, "Order given by," and "How secured," are important. They will assist you very materially in overcoming the embarrassment incident to asking security for an account. It is also of importance to have party who orders the funeral sign in the space provided for at bottom of sheet.

The clause "Cause of Death" is very essential for several reasons: 1, to know whether the subject died of a contagious disease; 2, to adopt correct measures for embalming; 3, to ascertain necessity of disinfection, etc.

The pleasing and correct rotation, observed in the bill of items to be charged, is an essential and most practical feature of the chart, and this part of the record alone is worth the price of the book. Fill out such items as you were called upon to furnish, and leave the others blank. Read all items carefully when you render bill, in order to be sure that you have not omitted any charge. The extra lines on bill of items are for such charges as the printed items may not provide.

The Ledger part on bottom of each page will enable you to keep account of your entire funeral work in this book, though you may prefer to transfer the total of the bill as one item into your regular Ledger.


This Funeral Record has been compiled after close study into the proper requirements of your profession. It is the result of years of experience, and, if you will carefully enter up the spaces provided in this book, you will find that every item that might possibly be needed for future reference, is recorded.

THE PUBLISHER.

Books are made up as follows:

No. 4150—150 pages
No. 4200—200 "
No. 4300—300 "
No. 4450—450 "
No. 4500—500 "
No. 4600—600 "

No. 4800—Loose-Leaf Cover
No. 4801— " " Index
No. 4802— " " Record Sheets
No. 4805—Pads of Memorandum Sheets

 See Rules on "Funeral Ethics" on Next Page

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F. J. FEINEMAN CO.
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LONG BEACH, CALIFORNIA

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F. J. FEINEMAN
St. Louis, Mo.

FUNERAL ETHICS

Details of funeral work may vary slightly in different communities, but the following rules of FUNERAL ETIQUETTE apply generally. While the Funeral Directors are conversant with matters pertaining to well conducted funerals, the suggestions set forth herein cannot fail to prove of interest and value and perhaps reveal points worthy of close observance.

In all things use good judgment and cool deliberation in performing your work, and remember that you are not called upon to console the bereaved, but to take care of the remains, and do that in the most competent and least ostentatious way.

Be courteous and polite under any and all circumstances, however trying. Refrain from alluding to your work as a "job"; it is not only bad form, but is also apt to offend your patrons. Term it a "call", a "funeral", or "an order".

Perform your work in a quiet and considerate manner and make as few requests of the family as possible. Talk in an undertone while at the funeral house.

When selling the Casket and Furnishings, ascertain what means there are, and how much money is calculated to be expended for the funeral, then recommend the highest class of goods within the amount.

Should you be confronted with the argument that lower prices than yours are quoted or promised by associations or parties who solicit funerals on a life subscription plan, you may well ask the customer if he or she had investigated the promoters financial responsibility. If it becomes absolutely necessary, meet the price, rather than lose the business. But you yourself had better investigate the contracts of those promoters to discover the weaknesses and flaws in them, then point them out honestly to your patrons. (See resolutions adopted in October, 1937, by the "Disabled Veterans of the World War, St. Louis Chapter No. 1.")

If offered in security an insurance policy of a Company you are not familiar with, you can make inquiry at the "Better Business Bureau" or at the insurance commissioner's office of your state.

Take correct note of all arrangements for the funeral. Be sure that you have a clear understanding with your customer on all points pertaining to the funeral arrangement, and then note same into your Funeral Record Book. Also be careful that you have the correct spelling of name of the deceased for the newspapers, etc. A memorandum sheet of the "AMERICAN" Funeral Record will assist you greatly in these functions.

Further take note carefully of the biographical items, such as religion, occupation, age, etc., and insert them in the spaces provided for in this Record Book. Items of record of a deceased are often inquired for at the Undertaker's, and by keeping complete record, your patrons will see for themselves that you are doing your work on up-to-date principles, and that a funeral is handled by you better than a mere "putting the body under ground". Death Certificate, memorandum sheet on which the order was taken, newspaper clippings, and notations should be placed in an envelope and filed for possible future reference.

At the Funeral the Funeral Director should dress in a dark, preferably black suit, and should wear a black necktie; but in summer he may wear an all white suit if he prefers.

Use Badge consisting of delicate flowers or smilax with lavender or gray ribbon on the door, instead of the antiquated crepe.

Avoid all delay, hitch, or any misunderstanding among your helpers. Instruct bearers, drivers and others beforehand.

In some cases use Matting, and possibly a Tent, at the cemetery to keep off rain or intense sunlight. The bereaved will often appreciate such suggestion. Lining with evergreen helps very materially to make a grave seem less distressing during interment.

Paint or stain the Outside Box or Shipping Case.

At the funeral services the sermon precedes the speeches of lodge members, whose speeches are usually made at the grave. If societies attend in a body the principal services are held at the grave; Roman Catholic always at the church. Where both the WHITE SHRINE and the EASTERN STAR are represented, the WHITE SHRINE functions first, because the Commitment in the EASTERN STAR ceremony really concludes the service.

Order of funeral cortege is best arranged as follows: Minister's Automobile, Automobile with Pallbearers, Hearse, Chief mourners Automobile and automobiles of friends. If Lodge members conduct the rites, the Lodge members lead the procession.

At military funerals place Flag on Casket with the field (stars) over left side of casket (indicating position over the heart). Poppies may be placed on the Flag but no other flowers. In procession in which flags are carried, the NATIONAL FLAG must always be carried to the right of all other flags, and in change of formation it must never be crossed with other flags.

Where the deceased is buried without any religious service, or where the mourners are unable to engage the services of a clergyman, the Undertaker may officiate and offer the prayer. Stillborns are buried by the undertaker alone; it is unusual that any of the family attend the interment.

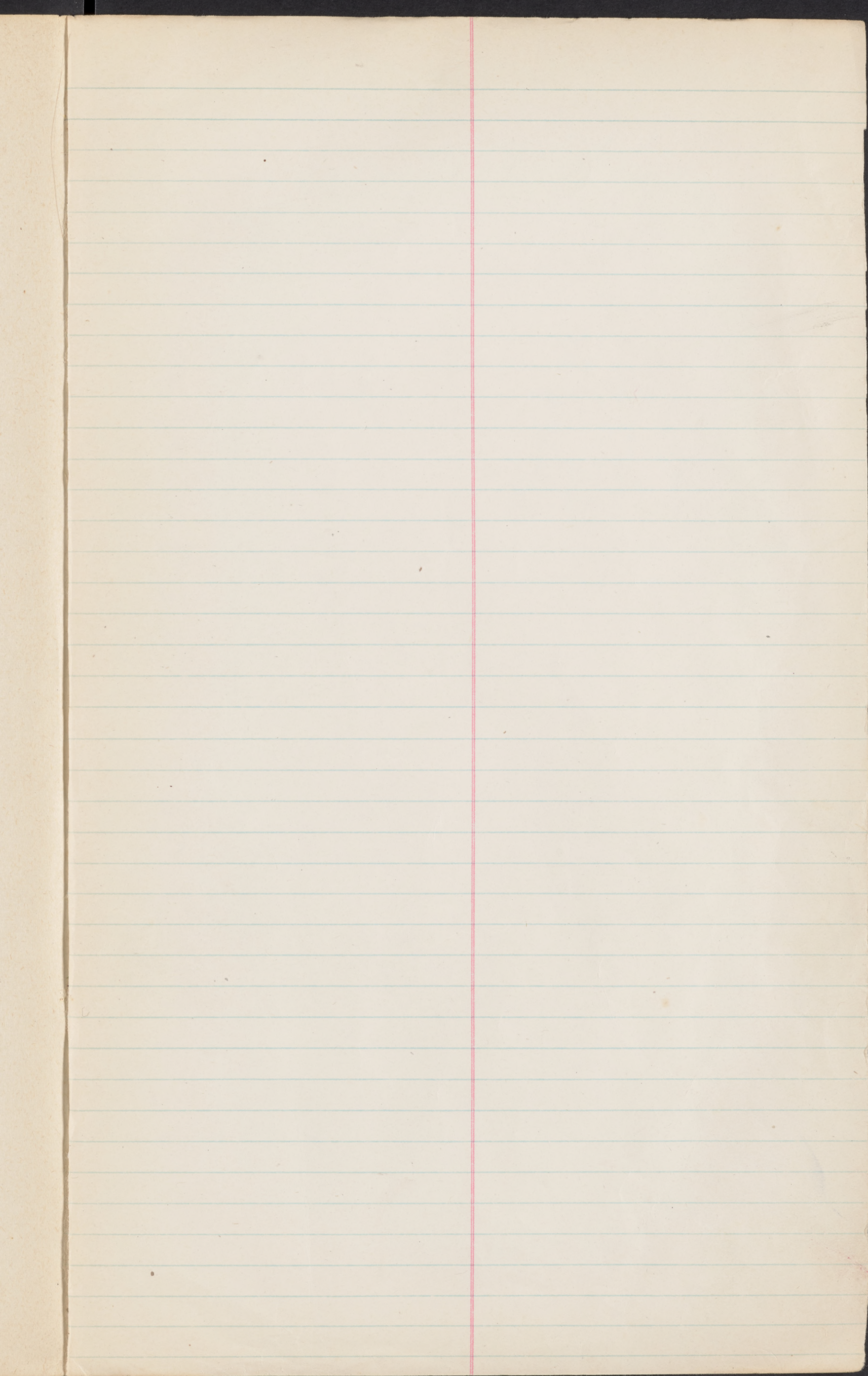
If remains are to be shipped, depart from the house, the funeral parlor or the church in time to reach the depot at least one hour before train time.

Where bodies are neither embalmed nor put on ice, keep in coolest place possible. Perhaps best is between two open windows, with the shades drawn down as far as needed; use a bleacher frequently over face and hands of the deceased. Where death resulted from a contagious disease, follow State regulations.

While the chief mourners are turning from the grave and the friends are still there, it is fitting that the Funeral Director, in behalf of the family, say a few words to their friends, expressing appreciation for their floral offerings and for their sympathy.

Let the entire funeral be conducted in a dignified and well-ordered manner, and you will have conferred a lasting favor upon those who required the need of your service. This is the best method of advertising which an Undertaker can employ, and is the stepping stone for sure success.

THE PUBLISHER.



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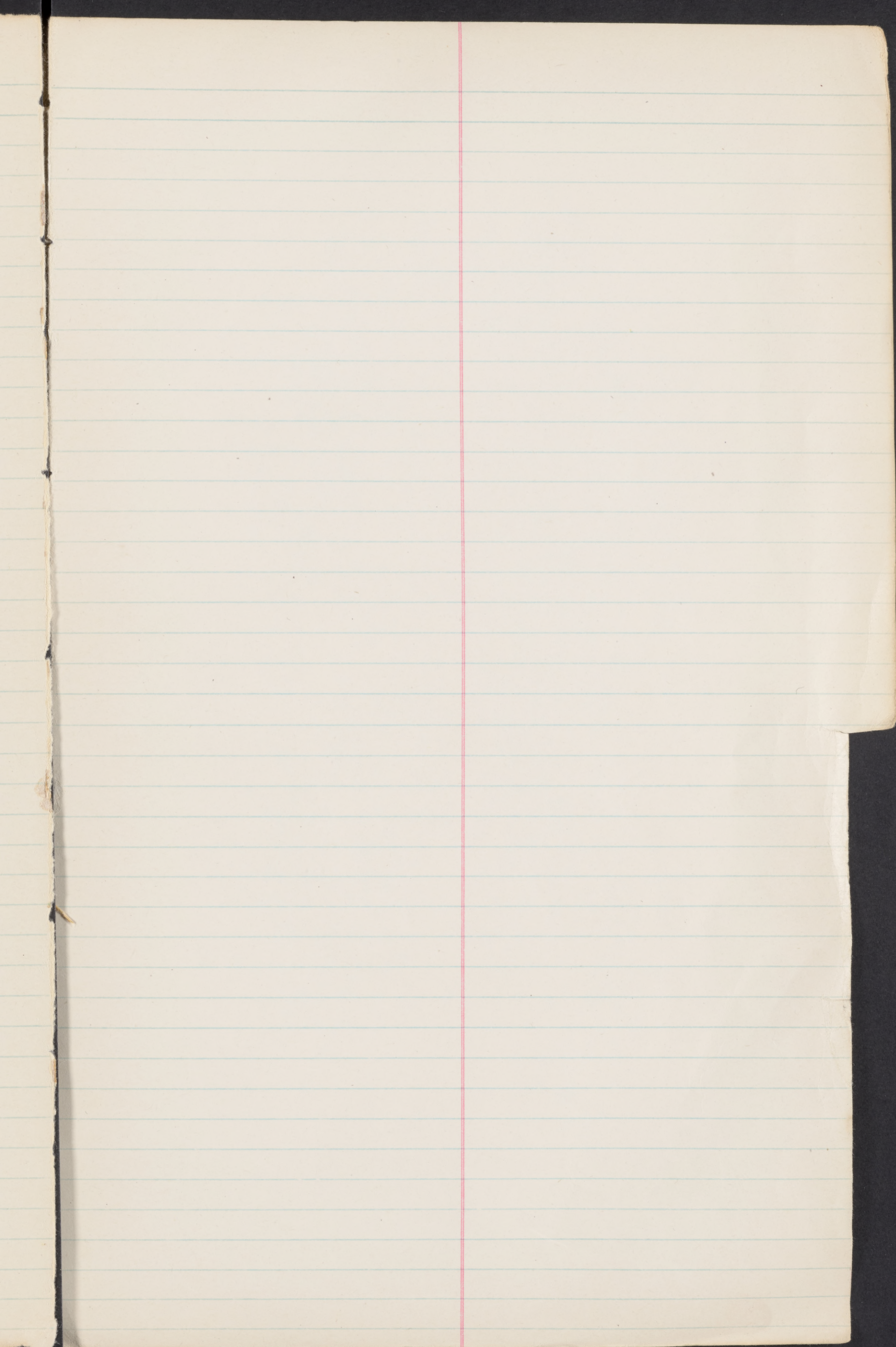
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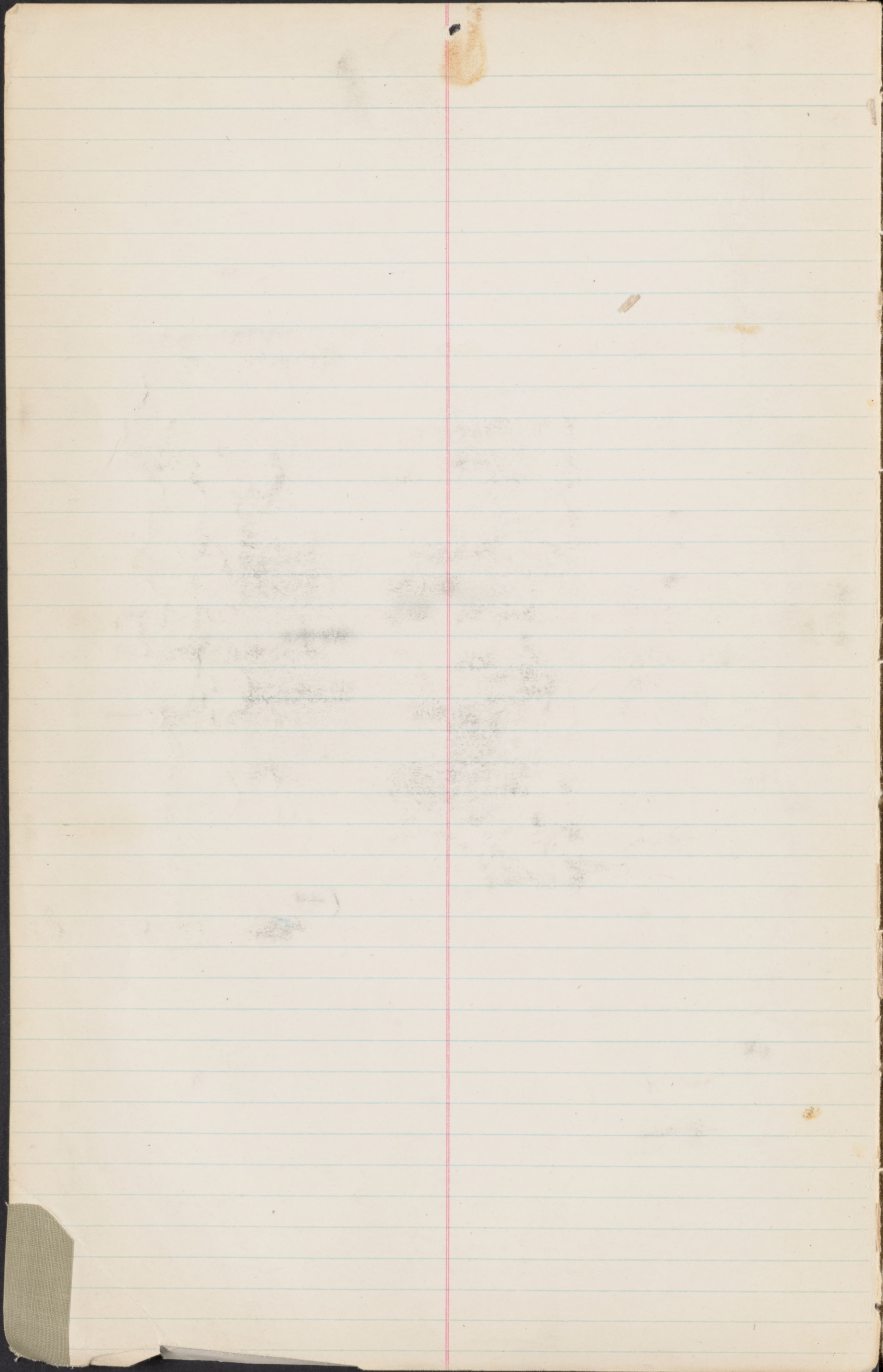
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28

Zappas Gus
Zimmerman Paul

48
103

Y
Z



1

Complete Funeral (except outlays)	\$	180.00
Casket		
Burial Vault or Box	(State Kind)	15.00
Embalming Body	(Name of Embalmer)	
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress	Clothing, Shirt, Pants, Socks, Tie, 1.00	
Slippers, \$	Hose, \$	4.31
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	90.00
Funeral Car, \$	Ambulance, \$	15.00
Limousines to Cemetery	@ \$	42.5
Extra Limousines	@ \$	109.25
Autos to R. R. Station	@ \$	109.25
Getting Remains from		54.63
Taking Remains to		
Trip to Coroner's Inquest		27.313
Delivering Box to		
Deliver Flowers to		

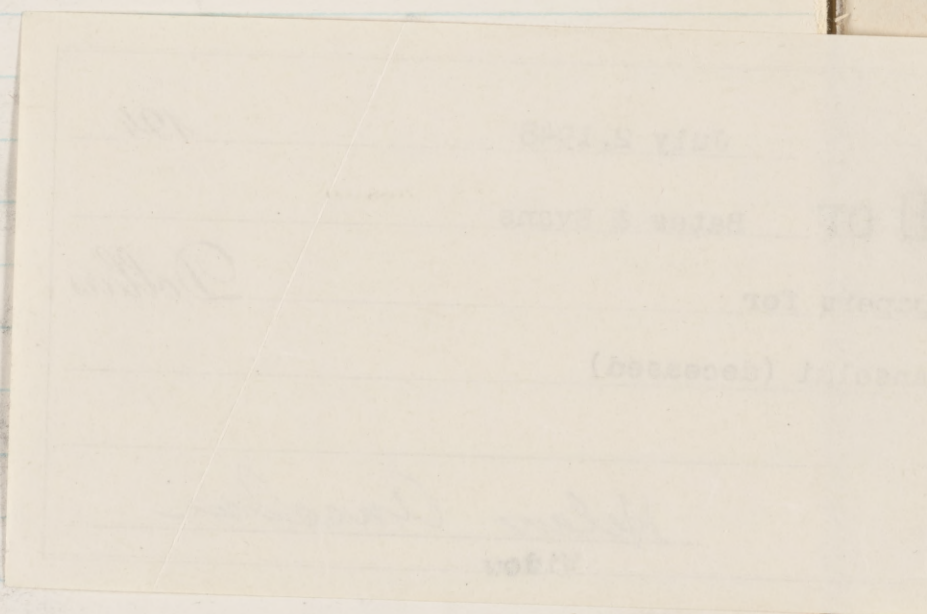
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Personal Service.....	
<i>Index Tribune no chg.</i>	
line Death Notices in.....Papers.....	
<i>Mass</i>	<i>15 00</i>
(Names of Newspapers)	
Sales Tax.....	<i>2 63</i>
Total Footing of Bill.....	<i>\$ 273 04</i>
Less..... <i>9 75 - 30 days</i>	<i>\$ 9 75</i>
Balance.....	<i>\$ 263 29</i>
Entered into Ledger page.....or below.	<i>150</i>

[illegible]

Compiled by F. J. FEINEMAN, St. Louis, Mo.



RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 3 19 48

Name of Deceased Mary Louie Wilbur
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 128 Johnson Ave. Los Gatos, Calif. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Lorraine Regamey

Address 128 Johnson Ave. Los Gatos, Calif.

Order given by above
 (or informant)

How Secured:

If Veteran, State War no

Occupation at home
 (Social Security Number)

Employer and Address

Date of Death July 3, 1948 5:45 P.M.
 (Date) (Hour)

Date of Birth May 12, 1862
 (Date) (Month) (Day)

Age 86 1 21
 (Years) (Months) (Days)

Date of Funeral July 3 - Sat 8 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Todd - Sonoma
 (Address)

Religion of the Deceased

Birthplace Mayville, Wisconsin

Resided in the State 50 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Community Hospital
 (State Number and District)

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman MD
 (or Coroner)

His Address Sonoma, Calif.

Name of Father Edward Louie

His Birthplace Wisconsin

Maiden Name of Mother unk

Her Birthplace unk

Motor } Remains to
 Ship }

Size of Casket 9560 - Grey American
 (State Color and Number)

Manufactured by S. F.

Cemetery } Chapel of the Resurrection Santa Rosa
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 180 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$
 Holding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$ 45.00

Cremation \$

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Todd \$ 10.00
Dan Ruggles - music \$ 5.00
 ... line Death Notices in Papers

Sales Tax \$ 2.63

Total Footing of Bill \$ 257.63

Less 9.75 \$ 247.88

Balance \$ 247.88

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

3

Total No. Yearly No. Date of Entry July 3 19 48
 Name of Deceased Richard G. Such
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt. 1 Box 570 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years
 Charge to: John Such
 Address: Above -
 Order given by

Complete Funeral (except outlays) \$ 460 -
 Casket

VETERANS ADVISORY BOARD

Bates & Evans

Funeral Directors
 SONOMA, CALIFORNIA

FULL NAME
 PLACE OF DEATH
 COUNTY

Mr.

CITY

Funeral of

Richard G. Such

Deceased

SEX

1948

YEAR

RACE

PHONE SONOMA 2686

July 7 1948

NAME OF SPOUSE

25

1928

YEAR

FATHER OF DECEASED

bun

DATE FILED

Casket

\$385.00

Removal from Santa Rosa

15.00

Embalming

25.00

Conducting funeral & personal services

25.00

Hearse to cemetery

25.00

Card of thanks in paper

2.00

Notices in paper

4.56

Minister

10.00

Music

7.50

Sales Tax

6.13

Total \$505.19

h certificate of the above
 nd Safety Code.

Young, M. L.

cal Registrar for the
 ma, California

st
 Clerk

July 7, 1948 I hereby state that the above statement
 is correct, that said services, and merchandise
 were ordered by me, and that same has been rendered,
 and that no payment has been made at this date.

Signed. John Such

Father

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

3

Total No. Yearly No. Date of Entry July 3 19 48
 Name of Deceased Richard G. Such
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt. 1 Box 570 Sonoma ☐ Husband ☐ Wife ☐ Widow
 or of } Age of Husband or Wife (if living) Years
 Charge to: John Such
 Address: Above
 Order given by

Complete Funeral (except outlays) \$ 460 -
 Casket

VETERANS ADVISORY BOARD

STATE OF CALIFORNIA
 DEPARTMENT OF PUBLIC HEALTH

CERTIFIED COPY OF DEATH CERTIFICATE

FULL NAME	Richard G. Such	DISTRICT	4955	REGISTRAR'S NO.	420
PLACE OF DEATH		RESIDENCE OF DECEASED			
COUNTY	Sonoma	CITY	Sonoma		
CITY	Santa Rosa-rural	STREET AND NUMBER	Rt. 1 Box 570		
SEX	Male	DATE OF DEATH	July 3 1948		
			MONTH DAY YEAR		
RACE	White	MARITAL STATUS	Single		
NAME OF SPOUSE		BIRTHDATE OF DECEASED	February 25 1928		
			MONTH DAY YEAR		
FATHER OF DECEASED	John Such	MOTHER OF DECEASED	Georgianna Rathbun		
DATE FILED	7-5-48	REGISTRAR'S NAME	Edith F. Young, M.D.	M.B.	

CERTIFICATION

THIS IS TO CERTIFY That the foregoing is a true and correct copy of statements appearing on the death certificate of the above named person, as filed in the records of this office, and is issued under the provisions of Section 10553, Health and Safety Code.

IN TESTIMONY WHEREOF, Witness my hand on July 8, 1948
 Date

at Santa Rosa, California.

FEE No Charge

Edith F. Young, M.D.
 Official
 Health Officer and Local Registrar for the
 County of Sonoma, California

By Crystal Mast
 Deputy or Clerk

Leo V. Connolly
 Service Officer

Chief, Dependents and Beneficiaries
 Claims Division

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 3 1948

Name of Deceased Mary Louie Wilbur
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 128 Johnson Ave. Los Gatos, Calif. ☒ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to Mrs. Lorraine Regamey

Address Glen Ellen, Calif.

Order given by above (or informant) Complete Funeral (except outlays) \$ 180 -

How Secured: Casket 15 -

If Veteran, State War

Occupation at Burial Vault or Box 9000

Employer and Address

Date of Death July

CERTIFIED COPY OF DEATH CERTIFICATE

Date									Balance
.....	To Above Balance.....			\$.....		To Balance Forward.....			\$.....
.....	By Payment.....	\$.....		\$.....		By Payment.....	\$.....		\$.....
.....	" ".....	\$.....		\$.....	<u>July 6</u>	" ".....	\$.....		\$.....
.....	" ".....	\$.....		\$.....		" ".....	\$.....		\$.....
.....	" ".....	\$.....		\$.....		" ".....	\$.....		\$.....
.....	" ".....	\$.....		\$.....		" ".....	\$.....		\$.....
.....	" ".....	\$.....		\$.....		" ".....	\$.....		\$.....
.....	" ".....	\$.....		\$.....		" ".....	\$.....		\$.....
.....	" ".....	\$.....		\$.....		" ".....	\$.....		\$.....

Insurance \$..... Names of Insurance Companies.....
Lodges.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... (Firm Name of Funeral Directors.)
maturity at the rate of.....% per annum..... days from date. Interest to accrue from

Witness..... Signed.....
Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

3

Total No. Yearly No. Date of Entry July 3 19 48
 Name of Deceased Richard G. Such
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
PT 1 Bu 5710 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Age of Husband or Wife (if living) Years

LEO V. CONNOLLY
SERVICE OFFICER

County of Sonoma

Veterans Service Office

ROOM 119 COURT HOUSE
TELEPHONE 3880
SANTA ROSA, CALIFORNIA

July 9, 1948

VETERANS ADVISORY BOARD

EARL LYTTLE, U. S. W. V.
CHAIRMAN

LESTER S. DAVIS, A. L.
VICE CHAIRMAN

CHAS. L. CALLAN, V. F. W.
SECRETARY

COLIN M. FRASER, D. A. V.

IRVING KLEIN, M. O. P. H.

Bates and Evans
Funeral Directors
Broadway
Sonoma, California

Gentlemen:

Enclosed is a certified copy of the Death Certificate of
Richard G. Such.

If you will submit this together with a coroner's statement
of investigation of accident pending, I am sure the burial allowance
will be paid by the Veterans Administration.

Usually they request the long form of death certificate showing
cause of death but in this case that form cannot be issued until after
the investigation report, which may not be for quite some time. In
order to avoid a long delay in receiving the burial benefits I suggest
you make the application as outlined in paragraph two above.

If this office can be of further service please call upon
us.

Sincerely

Mrs. Purdee, Asst. to

Leo V. Connolly
Service Officer

C. B. Tonkin
C. B. TONKIN

Chief, Dependents and Beneficiaries
Claims Division

Insurance \$ Names of Insurance
Lodges Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... 1948
Name of Deceased..... Mary Lowt Wilbur
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
☒ Husband ☐ Wife ☐ Widow

VETERANS ADVISORY BOARD
EARL LYTLE, U. S. W. V.
CHAIRMAN
LESTER S. DAVIS, A. L.
VICE CHAIRMAN
CHAS. L. GALLAN, V. E. W.
SECRETARY
COLIN M. FRASER, D. A. V.
IRVING NEIN, M. O. R. H.

County of Sonoma
Veterans Service Office
ROOM 119 COURT HOUSE
TELEPHONE 3880
SANTA ROSA, CALIFORNIA
July 9, 1948

LEE V. CONNOLLY
SERVICE OFFICER

Funeral Directors
Bates and Evans
Sonoma, California

Enclosed is a certified copy of the Death Certificate of
Richard G. Such.
If you will submit this together with a statement
of investigation of accident pending, I am sure the burial allowance
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cause of death but in this case that form cannot be issued until after
the investigation report, which may not be for quite some time. In
order to avoid a long delay in receiving the burial benefits I suggest
you make the application as outlined in paragraph two above.
If this office can be of further service please call upon
us.

Sincerely,
Lee V. Connolly
Service Officer

Insurance \$.....	Names of Lodges.....	Insurance Companies.....
-------------------	-------------------------	-----------------------------

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.
Signed.....
Witness..... Address.....
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

3

Total No. Yearly No. Date of Entry July 3 19 48
 Name of Deceased Richard G. Such
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt. 1, Box 570, Sonoma ☐ Husband ☐ Wife ☐ Widow
 Charge to: John Such or of Age of Husband or Wife (if living) Years
 Address: Above
 Complete Funeral (except outlays) \$ 460
 Casket
 Burial Vault or Box 1-5



VETERANS ADMINISTRATION
 BRANCH OFFICE 12
 180 New Montgomery Street
 San Francisco 5, California

August 16, 1948

YOUR FILE REFERENCE:

IN REPLY REFER TO: **SF8BA**
XC 13 031 429
SUCH, Richard

Bates and Evans
 521 Broadway
 Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin
 C. B. TONKIN
 Chief, Dependents and Beneficiaries
 Claims Division

FL 8-21
 Mar. 1946
 Replaces Forms 610 and 610a

U. S. GOVERNMENT PRINTING OFFICE : 1946—O-705344—818

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... July 3 1948
Name of Deceased..... Mary Lowt Wilbur
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
☒ Husband ☐ Wife ☐ Widow



VETERANS ADMINISTRATION
RECEIVED
130 New Montgomery Street
San Francisco 3, California

August 10, 1948

IN REPLY REFER TO:
XC 13 031 429
SUCH, Richard

Boies and Evans
521 Broadway
San Francisco, California

Dear Sirs:

An award covering an allowance on the funeral and burial ex-
penses of this veteran has been approved in the amount of \$150.00
and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or
reduced through the receipt of payment from any source to an amount
less than that shown above, the check in payment of this allowance
should not be retained or negotiated, but must be returned to the in-
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shown on the envelope in which the check is mailed, together with a
letter stating the reason for its return.

All correspondence relative to this case must show the vet-
eran's name and XC-number given above.

Very truly yours,

G. B. Towler

G. B. TOWLER
Chief, Dependents and Beneficiaries
Claims Division

PL 8-21
Mar. 1946
Replaces Forms 610 and 610a

Insurance \$..... Lodges..... Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed..... Address.....

3

Complete Funeral (except outlays)	\$	460	-
Casket			
Burial Vault or Box	(State Kind)	1-5	-
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$	23.00	
Dressing Body, \$	Underwear, \$	15.00	
Suit or Dress	(State Kind and Color)	24.50	
Slippers, \$	Hose, \$	24.50	
Folding Chairs, \$	Tarpaulin, \$	12.25	
Candelabrum, \$	Candles, \$	6.12	
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District)		
___ Certif. Copies of Death Certificates No. ___			
(State Physician's or Coroner's)			
Pall Bearer Service, \$	Use of Chapel, \$		

Latting, \$	
ry Vault, \$	
Device, \$	
rganist, \$	
Service, \$	
arges	
Card of	1.00
Thanks	
del	10.00
Index	2.56
apers	
on Organist	7.50
Card of	
Thanks	1.00
	20.00
	6.13

<i>D. M. Moulton</i>	290
Sales Tax	<u>613</u>
Total Footing of Bill <i>3 certified copies</i> \$	50519
Less <i>2375 - 30 days</i> \$	<u>3</u>
	<u>50819</u>
Balance	\$
Entered into Ledger, page.....or below.	

	Amount Paid	Balance
To Balance Forward		
By Payment		
July 29	200 -	
" "	150	Goodment
Aug 29	158 19	
Sept " E 4812		
" "		
" "		

July 29 - 1948	Filed with Gov.		
"	"	\$	\$
"	"	\$	\$

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry.....July 3.....1948
Name of Deceased.....Mary Louie Wilbur.....
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
1201 Madison Ave Los Angeles 28 ☒ Husband ☐ Wife ☐ Widow

VETERANS ADMINISTRATION
130 New Montgomery Street
San Francisco 3, California

August 10, 1948

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$150.00 and payment will soon be made to you.

Very truly yours,

C. B. Torkin
C. B. Torkin
Chief, Dependents and Beneficiaries
Claims Division

REPLACES FORMS 610 AND 610A
MAY 1945
FL 8-21

Insurance \$..... Lodges..... Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.
Signed.....
Witness..... Address.....

3

tributory Causes.

ifying Physician. *Vernon Silvershield*
(or Coroner)
Address. *Santa Rosa, Calif.*
Name of Father. *John Such*
Birthplace. *Kopama*
Given Name of Mother. *Georgianna Trebb*
Birthplace. *Chetek, Wisconsin*
} Remains to
of Casket.
(State Color and Number)
Manufactured by.
ery } *Golden Gate National*
ery }

Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	\$ 4.60
Casket	
Burial Vault or Box	1.50
Embalming Body	
Barber, \$	2.30
Dressing Body, \$	1.50
Suit or Dress	
Slippers, \$	2.45
Folding Chairs, \$	2.45
Candelabrum, \$	1.25
Door Spray, \$	6.12
Funeral Car, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	1.00
Out of town Undertaker's Charges	
Personal Service	10.00
line Death Notices in	2.56
Papers	
Sales Tax	7.50
Total Footing of Bill	1.00
Less	2.00
Balance	6.13
Entered into Ledger, page	

SIZE 6/6

No.

Cov.

1909- H. I. .

37

DESCRIPTION:

Labina Panel & Pillow
Full lined Bianca Cr. Velvet
Orange Ar B & Bp

HANDLES:

7300-6x2-5pt & Nt Hale & Cornum

July 29 - 1948	Filed with Gov.		
		\$	\$
		\$	\$

	Amount Paid	Balance
To Balance Forward		\$
By Payment	\$	\$
July 29	200 -	\$
" "	\$	\$
Aug 29	150	\$
Sept " E 482	158 19	\$
" "	\$	\$
" "	\$	\$

Insurance \$.....	Names of Lodges.....
-------------------	-------------------------

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....

Witness.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	July 7 1948
Name of Deceased	Robert James Crory		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence	Marrio Ranch, Aqua Caliente, Cal.		
Charge to	Mrs. Bentley		
Address	Above -		
Order given by	(or informant)		
How Secured			
If Veteran, State War	no		
Occupation	Retired nurse		
Employer and Address			
Date of Death	July 7, 1948 - 10 9, 10		
Date of Birth	Feb. 13, 1867		
Age	81 4 24		
Date of Funeral	July 9 - Fri 2 P. M.		
Services at	Chapel		
Clergyman	Joseph Todd, Sonoma		
Religion of the Deceased			
Birthplace	Ireland		
Resided in the State	64 - (or U. S. or City or County) (Years) (Months)		
Place of Death	Home -		
Cause of Death			
Contributory Causes			
Certifying Physician	Michael M. Mckitarn (or Coroner)		
His Address	Bayes Springs, Calif.		
Name of Father	Crory		
His Birthplace	Ireland		
Maiden Name of Mother			
Her Birthplace	Ireland -		
Motor Ship } Remains to			
Size of Casket	Doeskin (State Color and Number)		
Manufactured by	S. F.		
Cemetery } Mt. Cemetery, Sonoma -			
Diagram of Lot or Vault			
Lot No.			
Grave No.			
Section No.			
Block No.			
Owner			
Complete Funeral (except outlays)	\$ 220 -		
Casket			
Burial Vault or Box	(State Kind) 15 -		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$ 2 00		
Dressing Body, \$	Underwear, \$ 2 05		
Suit or Dress	(State Kind and Color)		
Slippers, \$	Hose, \$ 1 00		
Folding Chairs, \$	Tarpaulin, \$ 1 00		
Candelabrum, \$	Candles, \$ 2 00		
Door Spray, \$	Gloves, \$ 1 27		
Funeral Car, \$	Ambulance, \$ 1 27		
Limousines to Cemetery	@ \$ 63 50		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$ 3 17 50		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District) 4 -		
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
Flowers, \$	Palms, \$		
Rental of Tent, \$	of Temporary Vault, \$ 55 00		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service	Rev. J. J. Todd 10 50		
Funeral Expenses	Funeral Expenses 1 50		
line Death Notices in	Papers		
Entered into Ledger, page	or below		

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

.....

Witness..... Address.....

RECORD OF FUNERAL

5

Total No. Yearly No. Date of Entry July 9 1948

Name of Deceased Thomas A. Tierney also Tierney W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 431-107th St. Santa Rosa ☐ Husband ☐ Wife ☐ Widow Anna
 or of Age of Husband or Wife (if living) Years

Charge to: Urban Silvershield

Address: Santa Rosa

Order given by (or informant)

How Secured:

If Veteran, State War unk

Occupation unk 559-14-3660
 (Social Security Number)

Employer and Address

Date of Death July 8, 1948 unk
 (Date) (Hour)

Date of Birth Aug 10, 1877
 (Month) (Days)

Age 70 10 28
 (Months) (Days)

Complete Funeral (except outlays)	\$	42	-
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)	21	00
Barber, \$	Hair Dressing, \$	21	00
Dressing Body, \$	Underwear, \$	10	00
Suit or Dress	(State Kind and Color)	52	50
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		

COUNTY OF SONOMA
SANTA ROSA, CALIFORNIA

WHEN DETACHED AND PAID THE ATTACHED WARRANT
BECOMES A RECEIPT IN FULL PAYMENT OF
THE FOLLOWING ACCOUNT
NO OTHER RECEIPT IS NECESSARY

DATE OF CLAIM	PURCHASE ORDER NUMBER	INVOICE NUMBER	PURPOSE	AMOUNT
7-14-48			BURIAL IF INDIGET	75.53

DETACH STATEMENT BEFORE DEPOSITING

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket (State Color and Number)

Manufactured by S. F.

Cemetery } Valley Cemetery Sonoma
Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Telegr., Phone, Cable or Radio Charges

Cash Advanced Priest at Home 5.00

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

(Names of Newspapers)

Sales Tax 53

Total Footing of Bill \$ 75.53

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance .....	\$ .....	.....	To Balance Forward	\$
.....	By Payment .....	\$ .....	.....	By Payment	\$
.....	"	\$	"	\$
.....	"	\$	"	\$
.....	"	\$	"	\$
.....	"	\$	"	\$
.....	"	\$	"	\$
.....	"	\$	"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry <u>July 7</u> 19 <u>48</u>	
Name of Deceased <u>Robert James Smary</u>		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		(What Race) <u>W.</u>	
Residence <u>Morris Ranch, Agua Caliente, Cal.</u>		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow		Age of Husband or Wife (if living) Years	
Charge to: <u>Mrs. Bentley</u>		Address: <u>Above -</u>		Complete Funeral (except outlays) \$ <u>220</u> -	
Order given by: (or informant)		Casket		Burial Vault or Box <u>15</u> -	
How Secured:		Embalming Body (State Kind)		Barber, \$ Hair Dressing, \$ <u>2.00</u>	
If Veteran, State War <u>no</u>		Dressing Body, \$ Underwear, \$ <u>2.00</u>		Suit or Dress (State Kind and Color) <u>Suit</u>	
Occupation <u>Retired nurse</u> (Social Security Number) <u>no</u>		Slippers, \$ Hose, \$ <u>1.10</u>		Folding Chairs, \$ Tarpaulin, \$ <u>1.50</u>	
Employer and Address		Candelabrum, \$ Candles, \$ <u>2.00</u>		Door Spray, \$ Gloves, \$ <u>1.27</u>	
Date of Death <u>July 7, 1948</u> (Date) <u>10</u> (Hour) <u>9.10</u>		Funeral Car, \$ Ambulance, \$ <u>1.27</u>		Limousines to Cemetery @ \$ <u>1.27</u>	
Date of Birth <u>Feb 13, 1867</u> (Date) <u>4</u> (Months) <u>24</u> (Days)		Extra Limousines @ \$ <u>1.27</u>		Cause of Death	
Age (Years) (Months) (Days)		Date of Funeral <u>July 9 - Fri</u> (Date) <u>2 P.</u> M.		Contributory Causes	
Date of Funeral		Services at <u>Chapel</u>		Certifying Physician <u>Dr. Bayes</u>	
Clergyman <u>Joseph</u>		Religion of the Deceased		His Address <u>Bayes</u>	
Birthplace <u>Ireland</u>		Resided in the State <u>6</u> (or U)		Name of Father	
Place of Death <u>Home</u>		Cause of Death		His Birthplace <u>Ireland</u>	
Maiden Name of Mother		Her Birthplace <u>Ireland</u>		Motor } Remains to	
Size of Casket <u>Double</u> (State Color and Number)		Manufactured by: <u>S.F.</u>		Cemetery } <u>Mt. Cemetery, Sonoma</u>	
Diagram of Lot or Vault		Lot No.		Telegr., Phone, Cable or Radio Charges	
Grave No.		Section No.		Cash Advanced	
Block No.		Owner		Out of town Undertaker's Charges	
Sales Tax <u>3.13</u>		Total Footing of Bill <u>cert. certificate</u> \$ <u>319.24</u>		Personal Service <u>Rev. Dodd</u> <u>1.00</u>	
Less <u>11.75</u> <u>30 days</u> \$ <u>307.49</u>		Balance \$ <u>307.49</u>		line Death Notices in Papers	
Entered into Ledger, page or below.		..... (Names of Newspapers) <u>Index</u> <u>Index</u> <u>2.56</u>		.....

Date		Amount Paid	Balance	Date	Amount Paid	Balance
SIZE	No.		Cov.	To Balance Forward		
DESCRIPTION:	6/3 49405-Gra Doe (Slip Cap) Ind. Rd			By Payment		
	S R Willow set 1382 Miles.			" "		
				" "		
				" "		
				" "	308.47	
HANDLES:				" "		
				" "		
				" "		
				" "		

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry July 7 1948	
Name of Deceased Robert James Gray		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		(What Race) W.	
Residence Morris Ranch, Agua Caliente, Cal.		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow		Age of Husband or Wife (if living) ... Years	
Charge to Mrs. Bentley		Address above -		Complete Funeral (except outlays) \$ 220 -	
Order given by (or informant)		How Secured		Casket	
If Veteran, State War no		Occupation Retired nurse (Social Security Number)		Burial Vault or Box (State Kind) 15 -	
Employer and Address		Date of Death July 7, 1948 - 10 9 10 (Date) (Hour)		Embalming Body (Name of Embalmer)	
Date of Birth Feb 13, 1867		Age 81 4 24 (Years) (Months) (Days)		Barber, \$ Hair Dressing, \$ 2.00	
Date of Funeral July 9 - Fri 2 P. M. (Date)		Services at Chapel		Dressing Body, \$ Underwear, \$ 2.00	
Clergyman Joseph		Religion of the Deceased		Suit or Dress (State Kind and Color)	
Birthplace Ireland		Resided in the State 6 (or U)		Slippers, \$ Hose, \$ 1.00	
Place of Death Home		Cause of Death		Folding Chairs, \$ Tarpaulin, \$ 1.50	
Contributory Causes		Certifying Physician M. Bayes		Candelabrum, \$ Candles, \$ 2.00	
His Address		Name of Father		Door Spray, \$ Gloves, \$ 1.25	
His Birthplace Ireland		Maiden Name of Mother		Funeral Car \$ Ambulance, \$	
Her Birthplace Ireland		Motor } Remains to		Telegr., Phone, Cable or Radio Charges	
Size of Casket 12x24 (State Color and Number)		Manufactured by S.F.		Cash Advanced	
Cemetery } Mt. Cemetery, Sonoma -		Diagram of Lot or Vault		Out of town Undertaker's Charges	
Owner		Lot No.		Personal Service Rev. J. J. Dodd	
Grave No.		Section No.		Funeral Expenses Guaranteed Organist	
Block No.		Owner		... line Death Notices in ... Papers	
Sales Tax		Total Footing of Bill cert. certificate \$ 319.24		Entered into Ledger, page ... or below	
Less 11.75 30 days \$		Balance \$ 320.24		308 49	

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 9 1948

Name of Deceased Thomas A. Tierney also Tierney
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 431-107th St. Santa Rosa ☐ Husband ☐ Wife ☐ Widow Anna
or of Age of Husband or Wife (if living) Years

Charge to: Vernon Silvershield

Address: Santa Rosa

Order given by:
(or informant)

How Secured:

If Veteran, State War unk

Occupation unk 559-14-3660
(Social Security Number)

Employer and Address

Date of Death July 8, 1948 - unk
(Date) (Hour)

Date of Birth Aug 10, 1877
(Date) (Month) (Day)

Age 70 10 28
(Years) (Months) (Days)

Time of Funeral July 12 noon M.
(Date) (Day of Week) (Hour)

Place at: Seaside

Clergyman:
(Address)

Location of the Deceased

Place San Francisco Calif

Resided in the State unk
(or U. S. or City or County) (Years) (Months)

Place of Death #12 Highway near Madrone

Place of Death Vineyard Rd

Contributory Causes

Attending Physician Vernon Silvershield
(or Coroner)

Address: Santa Rosa, Calif

Name of Father unk

Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket
(State Color and Number)

Manufactured by S. F.

Cemetery } Valley Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 4.25

Casket

Burial Vault or Box
(State Kind)

Embalming Body 21.00
(Name of Embalmer)

Barber, \$ Hair Dressing, \$ 21.00

Dressing Body, \$ Underwear, \$ 10.00

Suit or Dress 52.50
(State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to Seaside to Cem 10.00

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to Grave marker 3.00

Removal Charges

Procuring Burial Permit
(State Number and District)

Certif. Copies of Death Certificates No.
(State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 15.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced Priest at Seaside 5.00

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

.....
(Names of Newspapers)

Sales Tax 53

Total Footing of Bill \$ 75.53

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>July 31</u>	" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.....	Yearly No.....	Date of Entry.....	19. 48
Name of Deceased.....	July 15		
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race) 53		
Residence.....	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow	Exma	
Charge to.....	or..... of } Age of Husband or Wife (if living)..... Years		
Address.....	Complete Funeral (except outlays)..... \$ 81.0		
Order given by.....	Casket.....		
(or informant)	Burial Vault or Box.....		
How Secured:.....	(State Kind) 1.5		
If Veteran, State War.....	Embalming Body.....		
Occupation.....	(Name of Embalmer)		
(Social Security Number)	Barber, \$..... Hair Dressing, \$.....		
Employer and Address.....	Dressing Body, \$..... Underwear, \$ 81.0		
Date of Death.....	Suit or Dress.....		
(Date)	(State Kind and Color)		
Date of Birth.....	Slippers, \$..... Hose, \$.....		
(Years)	Folding Chairs, \$..... Tarpaulin, \$.....		
(Months)	Candelabrum, \$..... Candles, \$.....		
(Days)	Door Spray, \$..... Gloves, \$.....		
Date of Funeral.....	Funeral Car, \$..... Ambulance, \$.....		
(Date)	Limousines to Cemetery..... @ \$.....		
(Day of Week)	Extra Limousines..... @ \$.....		
(Hour)	Autos to R. R. Station..... @ \$.....		
Services at:.....	Getting Remains from.....		
Clergyman:.....	Taking Remains to.....		
(Address)	Trip to Coroner's Inquest.....		
Religion of the Deceased.....	Delivering Box to.....		
Birthplace.....	Deliver Flowers to.....		
Resided in the State.....	Removal Charges.....		
(or U. S. or City or County)	Procuring Burial Permit.....		
(Years)	(State Number and District)		
(Months)	Certif. Copies of Death Certificates No.....		
Place of Death.....	(State Physician's or Coroner's)		
Cause of Death.....	Pall Bearer Service, \$..... Use of Chapel, \$.....		
Contributory Causes.....	Gross Total for Sales Tax..... \$		
Certifying Physician.....	Outlay for Lot: 2 graves..... 2.50		
(or Coroner)	Cremation.....		
His Address.....	Flowers, \$..... Palms, \$..... Matting, \$.....		
Name of Father.....	Rental of Tent, \$..... of Temporary Vault, \$.....		
His Birthplace.....	Opening of Grave or Tomb..... 2.50		
Maiden Name of Mother.....	Lining Grave, \$..... Lowering Device, \$.....		
Her Birthplace.....	Outlay for Shipping Charges.....		
Motor } Remains to.....	Clergyman, \$..... Singers, \$..... Organist, \$.....		
Ship }	Railroad } Tickets, \$..... Aero-plane Service, \$.....		
Size of Casket.....	Telegr., Phone, Cable or Radio Charges.....		
(State Color and Number)	Cash Advanced.....		
Manufactured by.....	Out of town Undertaker's Charges.....		
Cemetery }.....	Personal Service..... 15.00		
Crematory }.....	line Death Notices in..... Papers.....		
	Democrat.....		
	Index.....		
	(Names of Newspapers)		
Lot No.....	Sales Tax..... 18.95		
Grave No.....	Total Footing of Bill..... \$ 90.15		
Section No.....	Less.....		
Block No.....	Balance..... \$ 77.76		
Owner.....	Entered into Ledger, page..... or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE 6/6 Groton Metallic Heather ^{NO} Hged ^{Gov} Panel SEALER			Balance Forward		\$
DESCRIPTION: Baron eggshell empire			Payment	\$	\$
			"	\$	\$
			" 1948	\$ 777 76	\$
			"	\$	\$
			"	\$	\$
HANDLES: July 29, "statement"	\$	\$	"	\$	\$
" "	\$	\$	"	\$	\$
	\$	\$	"	\$	\$

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....


7

Form No. 2

It appearing that the cause of death cannot be ascertained other than by the performance of an autopsy, it is therefore ordered that an autopsy be performed upon Daniel Dodson

Dated: July 17, 1948

Vernon Plummerfield
Coroner.

 <p>Diagram of Lot or Vault</p>	Section No.	Total Footing of Bill	\$ 463 50
	Block No.	Less	\$
	Owner.	Balance	\$
		Entered into Ledger, page or below.	

SIZE 6/8 No. 9585- H P Cov. 448

DESCRIPTION: Atlas Panel & Pillow
Full lined Eggshell Suede Crepe
Orange Sunray B & Bp

HANDLES: 65-6x2-Bronze Hdls

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 15 1948

Name of Deceased Edward J. Finnerty
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) 53

Residence Eldridge, Calif. ☐ Husband ☐ Wife ☐ Widow } Emma 53
or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Emma Finnerty

Address Above

Order given by
(or informant)

How Secured :

If Veteran, State War No.

Occupation Physician & Surgeon (Social Sec)

Employer and Address

Date of Death July 15, 1948 (Date)

Date of Birth Jan. 13, 1888 (Date)

Age 59 6 (Years) (Months)

Date of Funeral July 17, Sat (Date) (Day of Week)

Services at St. Francis

Clergyman :

Religion of the Deceased. Catholic

Birthplace Canada

Resided in the State 24 yrs (or U. S. or City or Co)

Place of Death Union Ho

Cause of Death

Contributory Causes

Certifying Physician Wm. J. 7

His Address Sonoma

Name of Father Edward

His Birthplace Canada

Maiden Name of Mother A.

Her Birthplace Canada

Motor } Remains to
Ship }

Size of Casket
(State Color and Number)

Manufactured by
Cemetery } Catholic Cem. Sonoma
Crematory }

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 81.00

Casket

Burial Vault or Box 1.50

Embalming Body (State Kind)

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$ 8.10
Dress
Hose, \$ 6.86

3.43 13
1.50
2.58 13

line Death Notices in
Democrat
Index Tribune
(Names of Newspapers)

Sales Tax 18.95

Total Footing of Bill \$ 90.15

Less Courtesy Discount \$ 123.75

Balance \$ 77.76

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Size 8/6 Groton Metallic Heather Hged Panel SEALER Baron eggshell empire			Balance Forward . . .		\$.
DESCRIPTION:			Payment . . .	\$.	\$.
			"	\$.	\$.
			" 1948	\$.	\$.
			" 777.76	\$.	\$.
			" Aug 10	\$.	\$.
			" July	\$.	\$.
HANDLES:			"	\$.	\$.
July 29 statement	\$.	\$.	"	\$.	\$.
" "	\$.	\$.	"	\$.	\$.
	\$.	\$.	"	\$.	\$.

Insurance \$ Names of
Lodges Insurance
Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 16 19 48

Name of Deceased Daniel M. Dodson
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Boyes Springs, Myrtle Ave ☐ Husband ☐ Wife ☐ Widow Carmelia
 or of Age of Husband or Wife (if living) Years

Charge to Frank R. Dodson (Brother)

Address 301 E. Ash St. Normal, Ill.

Order given by Laura Shumaker (Wife)
724 Henderson St. Eureka
 (or informant) Phone 433-W

How Secured Fed. Greenfield, Ill.

If Veteran, State War No

Occupation Retired Livestock Dealer
 (Social Security Number)

Employer and Address

Date of Death July 16, 1948
 (Date) (Hour)

Date of Birth June 1, 1881
 (Date) (Month) (Day)

Age 67
 (Years) (Months) (Days)

Funeral July 19 Mon 11 A.M.
 (Date) (Day of Week) (Hour)

Chapel Chapel
 (Address)

the Deceased McLean Co, Illinois
 in the State 15 yrs
 (or U. S. or City or County) (Years) (Months)

Death Oak Knolls Hospital S.R.
 (Date) (Month) (Day)

Death Coronary Occlusion
 (Date) (Month) (Day)

Medical Causes Coronary Occlusion

Coroner Vernon Silvershield
 (or Coroner)

Address Santa Rosa, Calif.

of Father Abner M. Dodson

Birthplace Ohio

in Name of Mother Annie Busick

Birthplace Indiana

Remains to

of Casket

Manufactured by

Interment mt. Cemetery, Normal
 (State Color and Number)

Diagram of Lot or Vault

Lot No. 11
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 370

Casket

Burial Vault or Box (State Kind) 1.5

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 1.85

Folding Chairs, \$ Tarpaulin, \$ 1.5

Candelabrum, \$ Candles, \$ 2.00

Door Spray, \$ Gloves, \$ 2.00

Funeral Car, \$ Ambulance, \$ 100.00

Limousines to Cemetery @ \$
 Extra Limousines @ \$ 5.00

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit Relative Ramba
 (State Number and District) 1

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 55

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Minister 10
Music, Dunbar, Bristead 7.50

line Death Notices in Papers

(Names of Newspapers)

Sales Tax 5.00

Total Footing of Bill \$ 463.50

Less

Balance \$

Entered into Ledger, page or below.

SIZE 6/6 No. 9585-H P Cov. 448

DESCRIPTION: Atlas Panel & Pillow
Full lined Eggshell Suede Crepe
Orange Sunray B & Bp

HANDLES: 65-6x2-Bronze Hdls

Filed with Greenfield 1/8/49

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Total No. Yearly No. Date of Entry July 29 1948

Name of Deceased Cecelia May Morgan (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Chadridge Caly ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to: George Morgan (brother)

Address: 5611 Haskill St. Oakland, Caly

Order given by: Above (or informant)

How Secured:

If Veteran, State War

Occupation: none (Social Security Number)

Employer and Address

Date of Death: July 29, 1948 1:25 P.M. (Date) (Hour)

Date of Birth: June 29, 1926 (Date) (Day of Week) (Hour)

Age: 22 (Years) 1 (Months) 0 (Days)

Date of Funeral: July 31 - Sat 11:15 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman:

Religion of the Deceased: Catholic (Address)

Birthplace: Oakland, Caly

Resided in the State: Caly (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma State Home

Cause of Death: Pulmonary Tuberculosis

Contributory Causes: Chr. Epilepsy

Certifying Physician: M.E. Carter M.D. (or Coroner)

His Address: Chadridge, Caly

Name of Father: Anthony Morgan

His Birthplace: Italy

Maiden Name of Mother: Eva (Barbosa)

Her Birthplace: Italy

Motor } Remains to
Ship }

Size of Casket: 9560 - Grey Am. (State Color and Number)

Manufactured by: S.7

Cemetery } Catholic Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 135 -

Casket

Burial Vault or Box \$ 15 - (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 13.50 Clothing 4.00 Lat. 4.00 17.94 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$ 67.50

Funeral Car, \$ Ambulance, \$ 13.50

Limousines to Cemetery @ \$ 4 -

Extra Limousines @ \$ 15 -

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to 100.00

Trip to Coroner's Inquest 100.00

Delivering Box to 50.00

Deliver Flowers to

Removal Charges 250.00

Procuring Burial Permit

Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$ (State Physician's or Coroner's)

Gross Total for Sales Tax \$

Outlay for Lot: one grave 5.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 25.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service: Mass 15.00

..... line Death Notices in Papers

(Names of Newspapers)

Sales Tax 2.06

Total Footing of Bill \$ 215.00

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" " <u>July 30</u>	<u>1.50</u>	\$
" "	\$	\$	" " <u>July 31</u>	<u>15</u>	\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

9

Total No. Yearly No. Date of Entry July 29 1948

Name of Deceased Harry Lunt
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) White

Residence: 2135 Redwood Hwy Santa Rosa ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Mary Lunt
 Address Above -

Order given by 937 Mendocino Ave. SR
 (or informant)

How Secured:

If Veteran, State War None

Occupation Rosary Clerk +192-05-9884
 (Social Security Number)

Employer and Address

Date of Death July 29, 1948 7:45 am
 (Date) (Hour)

Date of Birth April 9, 1878
 (Date)

Age 70 3 20
 (Years) (Months) (Days)

Date of Funeral July 31 Sat 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Canada

Resided in the State 55
 (or U. S. or City or County) (Years) (Months)

Place of Death Sanoma County Hospital

Cause of Death Dissecting Aneurism

Contributory Causes of Aorta

Certifying Physician Thomas G. Ward
 (or Coroner)

His Address Santa Rosa, Calif

Name of Father Henry Lunt

His Birthplace Canada

Maiden Name of Mother Katherine

Her Birthplace Canada

Motor } Remains to
 Ship }

Size of Casket 1909 - con - 87
 (State Color and Number)

Manufactured by

Cemetery } Catholic Cem Sanoma
 Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment		\$	By Payment		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 31 1948

Name of Deceased White L Smith (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Riverside Dr. & Barrett Adams ☐ Husband ☐ Wife ☐ Widow

Charge to Vernon Silvershield or of } Age of Husband or Wife (if living) Years

Address R.

Order given by Above (or informant)

How Secured

If Veteran, State War World War I

Occupation Clerk 564-30-9086 (Social Security Number)

Employer and Address

Date of Death July 31, 1948 8:30 P.M. (Date) (Hour)

Date of Birth Oct 9, 1883 (Date) (Hour)

Age 64 9 22 (Years) (Months) (Days)

Date of Funeral Aug 5 - Thurs 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman W. J. W's (Address)

Religion of the Deceased Prod.

Birthplace Alabama

Resided in the State unk. (or U. S. or City or County) (Years) (Months)

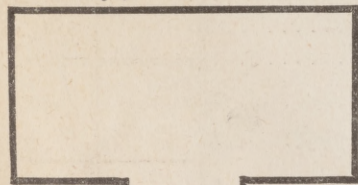
Place of Death Home

Complete Funeral (except outlays)	\$ <u>322</u> -
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from:	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
	ates No.

Complete Funeral (except outlays).....	\$	322	-
Casket.....			
Burial Vault or Box.....	(State Kind)		
Embalming Body.....	(Name of Embalmer)		
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body, \$.....	Underwear, \$.....		
Suit or Dress.....	(State Kind and Color)		
Slippers, \$.....	Hose, \$.....	161	00
Folding Chairs, \$.....	Tarpaulin, \$.....	161	00
Candelabrum, \$.....	Candles, \$.....	80	50
Door Spray, \$:.....	Gloves, \$.....		
Funeral Car, \$.....	Ambulance, \$.....	402	50
Limousines to Cemetery.....	@ \$.....		
Extra Limousines.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....	(State Number and District)		
	ates No.....		
	an's or Coroner's)		
	Chapel, \$.....		

No. _____ August 18 1948
RECEIVED OF Bates & Evans.
 Discharge papers, Bank book, soc sec ^{card} Dollars
 \$ 19.²⁶ Cash. of (White L. Smith) deceased.
 \$ _____ Vernon Rivershead.
 Coroner & Public Administrator

Manufactured by: Golden Gate National Sanitation Co.



Lot No. . . .
Grave No. . .
Section No. .
Block No. . .

.....line Death Notices in.....Papers
.....
(Names of Newspapers)

Sales Tax		4	21
Total Footing of Bill	\$	326	21
Less	\$	150	
Balance	\$	176	21

SIZE 6/3 No. 9525 H.P.

DESCRIPTION: Pebble Pansaw & Pillow
Lined sunray

362 3X0 Hides

HANDLES:

[illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry 1947

Name of Deceased White, L. Smith

Residence Riverside Dr 4 Barrett Estates

Charge to Vernon Silvershield

Address above

Order given by above

How Secured

If Veteran, State War World War I

Occupation Clerk Social Security Number 564-30-9086

Employer and Address

Date of Death July 3, 1948 8:30 P.M.

Date of Birth Oct 9, 1883

Age 64 9 22

Date of Funeral Aug 5, 1948 11 A.M.

Services at Chapel

Clergyman W. J. W.

Religion of the Deceased Prot.

Birthplace Alabama

Resided in the State Ark.

Place of Death Home

Cause of Death

Contributory Causes

Attending Physician Vernon Silvershield

Address Santa Rosa, Calif

Name of Father

Birthplace

Name of Mother

Birthplace

Remains to

Casket

Manufactured by

Cemetery Golden Gate National San Mateo Co

Lot No.

Grave No.

Section No.

Block No.

SIZE 4/3 NO. 9525 H.P. COV.

DESCRIPTION: People Pantlaw & Pillow Lined Sunray

HANDLES: 362 3X0 Hiles

Aug 13, 1948 Filed with Prob. Court Sept 21, 1948 on acc't of coroner

Sept 8, 1948 " " 11 Silvershield Admin 1-3-50 Full

Dec 16, 1949 Filed with Prob. Court for 34.81

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Complete Funeral (except outlays) \$322.00

Casket

Burial Vault or Box

Embalming Body

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers

Sales Tax 4 21

Total Footing of Bill \$326 21

Less Paid in advance 150

Balance \$176 21

Entered into Ledger, page or below

Date	Amount Paid	Balance
To Balance Forward		\$
By Payment	\$291.40	\$
" " 149		\$
" " on acc't of coroner		\$
" " 1-3-50		\$
" " Full	\$24.81	\$
" "		\$

RECORD OF FUNERAL

11

Total No. Yearly No. Date of Entry August 2 19 48

Name of Deceased Warren Lee Lowe
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Eldridge, Sonoma State Home ☐ Husband ☐ Wife ☐ Widow
 or of } Age of Husband or Wife (if living) Years

Charge to Walter Lowe
 Address Willows

Order given by
 (or informant)
 How Secured Cash

If Veteran, State War

Occupation none
 (Social Security Number)

Employer and Address

Date of Death Aug. 2, 1948 5:55 P.M.
 (Date) (Hour)

Date of Birth March 4, 1948
 (Date) (Hour)

Age
 (Years) (Months) (Days)

Date of Funeral Willows M.
 (Date) (Day of Week) (Hour)

Services at

Clergyman
 (Address)

Religion of the Deceased

Birthplace Chico, Calif.

Resided in the State Life
 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Bacillary Dysentery & Typhoid

Contributory Causes Depression

Certifying Physician S. H. Frederickson M.D.
 (or Coroner)

His Address Eldridge, Cal.

Name of Father Walter Warren Lowe

His Birthplace Lucas, New Mexico

Maiden Name of Mother Dorothy Smith

Her Birthplace Glen, Cal.

Motor } Remains to Willows, Calif.
 Ship }

Size of Casket No. 0 White Lamb
 (State Color and Number)

Manufactured by

Cemetery } Willows, Calif.
 Crematory }

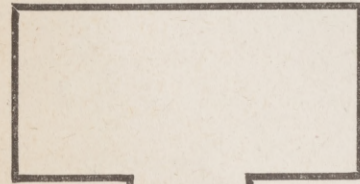


Diagram of Lot or Vault

Lot No. 0

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$

Casket Removal & Embalming 50 -

Burial Vault or Box
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$ 35

Folding Chairs, \$ Tarpaulin, \$ 25

Candelabrum, \$ Candles, \$ 25

Door Spray, \$ Gloves, \$ 6.50

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.
 (State Number and District) (State Physician's or Coroner's)

Pal Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

..... (Names of Newspapers)

Sales Tax 63

Total Footing of Bill \$ 50 63

Less \$

Balance \$

Entered into Ledger, page or below.

Casket No. 0 Order No.
 Size 2/6 Date

Covering White Lamb

Description Trimmed Complete

.....
.....

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry ... August 6 1948

Name of Deceased ... Catherine Lynch

Residence ... 1024 153 Bayes Springs (What Race) Timothy

Charge to ... Brendan Lynch & Son or ... of ... Age of Husband or Wife (if living) ... Years

Address ... Above

Order given by ... 1929 Park St. Para. R.R. Cal. (or informant)

How Secured: ...

If Veteran, State War ... no

Occupation ... At home (Social Security Number) ...

Employer and Address ...

Date of Death ... August 6 5:30 9 AM (Date) (Hour)

Date of Birth ... April 3 - unk (Date) (Month) (Day)

Age ... About 68 (Years) (Months) (Days)

Date of Funeral ... August 9 Mon - 9 AM (Date) (Day of Week) (Hour)

Services at ... St. Francis (Address)

Clergyman ...

Religion of the Deceased ...

Birthplace ... Ireland

Resided in the State ... 50 yrs (or U. S. or City or County) (Years) (Months)

Place of Death ... Community Hospital (State Number and District)

Cause of Death ...

Contributory Causes ...

Certifying Physician ... Michael M. M. M. M. (or Coroner)

His Address ... Bayes Springs, Calif.

Name of Father ... Cussen

His Birthplace ... Ireland

Maiden Name of Mother ...

Her Birthplace ... Ireland

Motor } Remains to ...
Ship }

Size of Casket ... 4538 - con 437 (State Color and Number)

Manufactured by ...

Cemetery } Catholic Cemetery Sarcoma
Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner ...

Diagram of Lot or Vault

Complete Funeral (except outlays) ... \$ 442 -

Casket ...

Burial Vault or Box ... \$ 15 - (State Kind)

Embalming Body ... (Name of Embalmer)

Barber, \$... Hair Dressing, \$...

Dressing Body, \$... Underwear, \$...

Suit or Dress ... (State Kind and Color)

Slippers, \$... Hose, \$...

Folding Chairs, \$... Tarpaulin, \$...

Candelabrum, \$... Candles, \$...

Door Spray, \$... Gloves, \$...

Funeral Car, \$... Ambulance, \$...

Limousines to Cemetery ... @ \$...

Extra Limousines ... @ \$...

Autos to R. R. Station ... @ \$...

Getting Remains from ...

Taking Remains to ...

Trip to Coroner's Inquest ...

Delivering Box to ...

Deliver Flowers to ...

Removal Charges ...

Procuring Burial Permit ... (State Number and District)

Certif. Copies of Death Certificates No. ... (State Physician's or Coroner's)

Pall Bearer Service, \$... Use of Chapel, \$...

Gross Total for Sales Tax ... \$

Outlay for Lot ...

Cremation ... 2 death certificates ... \$ 2.00

Flowers, \$... Palms, \$... Matting, \$...

Rental of Tent, \$... of Temporary Vault, \$...

Opening of Grave or Tomb ... \$ 25 -

Lining Grave, \$... Lowering Device, \$...

Outlay for Shipping Charges ...

Clergyman, \$... Singers, \$... Organist, \$...

Railroad or Motor } Tickets, \$... Aero-plane Service, \$...

Telegr., Phone, Cable or Radio Charges ...

Cash Advanced ...

Out of town Undertaker's Charges ...

Personal Service ... mass ... \$ 15.00

... line Death Notices in ... Papers ...

... (Names of Newspapers) ...

Sales Tax ...

Total Footing of Bill ... \$ 537.46

Less ... \$ 23.85

Balance ... \$

Entered into Ledger, page ... or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
9/2/48	Statement										
	To Above Balance			\$			To Balance Forward			\$	
10/16/48	By Payment	\$		\$			By Payment	\$		\$	
		\$		\$			On acct	266	67	\$	
Called State attorney		\$		\$		Aug 19/1950	on acct	100		\$	
5/29/50		\$		\$		Sept 19/1950	" on acct	4	-	\$	
		\$		\$			" on acct	85	-	\$	
		\$		\$		Sept 24/1950	By Joseph	71	19	\$	527.46
		\$		\$						\$	

13

Names of
Lodges..... Insurance
Companies.....

I, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
..... % per annum.

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Compiled by F. J. FEINEMAN. St. Louis, Mo.

14
note - 15
Vern got 29700
from Cabin

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry August 8 1948

Name of Deceased Albert Smith
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma - Caterinup place ☐ Husband ☐ Wife ☐ Widow }
Charge to: Vernon Silvershield or of } Age of Husband or Wife (if living) Years

Address: S. R. Above

Order given by: Above (or informant)

How Secured:

If Veteran, State War unk

Occupation (Social Security Number)

Employer and Address

Date of Death Aug. 8 1948 - 9:50 P.M. (Date) (Hour)

Date of Birth:

Age: (Years) (Months) (Days)

Date of Funeral Aug 9 - Mon 12:30 M. (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: Rev. Ladd Sonoma (Address)

Religion of the Deceased Chad

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Inquest Pending

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa Calif

Name of Father:

His Birthplace:

Maiden Name of Mother:

Her Birthplace:

Motor } Remains to
Ship }

Size of Casket: 87 (State Color and Number)

Manufactured by: S. F. Valley Cem Sonoma

Cemetery }

Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays)	\$ 220
Casket	
Burial Vault or Box	15
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	15.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	5.00
line Death Notices in	Papers
Sales Tax	3.13
Total Footing of Bill	258.13
Less	
Balance	
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE 6/3 X	No. 9560	Cov. Gray Amer	To Balance Forward	\$	
DESCRIPTION: Lined Rego			By Payment	\$	
HANDLES: 338-Hals			" "	\$	
			" "	\$	
			" "	\$	
			" "	\$	
			" "	\$	
			" "	\$	
			" "	\$	
			" "	\$	

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry August 11 1948

Name of Deceased Baby - Kingsford
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma Calif. rural ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Francis Ronald Kingsford

Address: Sonoma Rural

Order given by (or informant)

How Secured: (Name of Embalmer)

If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address

Date of Death Aug 11, 1948 (Date) (Hour)

Date of Birth Aug 11, 1948 (Date) (Month) (Days)

Age Stillborn (Years) (Months) (Days)

Date of Funeral Aug 12 - Thurs. 3:30 P.M. (Date) (Day of Week) (Hour)

Services at: Valley Cemetery

Clergyman: (Address)

Religion of the Deceased

Birthplace Sonoma

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Hospital Sonoma

Cause of Death Prematurity (6 mos.)

Contributory Causes Premature rupture of membranes

Certifying Physician Robt. L. Mollenhauer M.D. (or Coroner)

His Address: Sonoma

Name of Father Francis Ronald Kingsford

His Birthplace Idaho

Maiden Name of Mother Bertha Prescott

Her Birthplace Idaho

Motor } Remains to
 Ship }

Size of Casket 1-9 - White Lamb (State Color and Number)

Manufactured by S.F.

Cemetery } Valley Cem. Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$
 Casket Personal Services 25 00
 Burial Vault or Box (State Kind)
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$ 12 50
 Folding Chairs, \$ Tarpaulin, \$ 12 50
 Candelabrum, \$ Candles, \$ 6 25
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$ 31 25
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 5 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Electr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 31
 Total Footing of Bill \$ 30 31
 Less \$
 Balance \$
 Entered into Ledger, page or below.

	Amount Paid	Balance	Date	Amount Paid	Balance
9/2/48 Statement					
Casket No. #0			To Balance Forward		
Size 1/9			By Payment	30 31	
Covering White Lamb			" "		
Description Trim ed Complete			" "		
			" "		
			" "		
			" "		
			" "		

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	August 20 1948
Name of Deceased	Joseph Stefan Sutter		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow Regina 73		
Charge to:	Rose Vella - or		
Address:	Wife -		
Order given by:	(or informant)		
How Secured:	no		
If Veteran, State War	no		
Occupation	Laborer X 566-09-5497 (Social Security Number)		
Employer and Address			
Date of Death	Aug 20, 1948 9 a.m. (Date) (Hour)		
Date of Birth	Dec 25, 1882 (Date)		
Age	65-7-25 (Years) (Months) (Days)		
Date of Funeral	Aug 23 - Mon 9:30 a.m. (Date) (Day of Week) (Hour)		
Services at:	St. Francis		
Clergyman:	(Address)		
Religion of the Deceased	Catholic		
Birthplace	Switzerland		
Resided in the State	44 - (or U. S. or City or County) (Years) (Months)		
Place of Death	Enroute to Hospital from El Surano Rd -		
Cause of Death			
Contributory Causes			
Certifying Physician	Vernon Silverfield (or Coroner)		
His Address	Santa Rosa, Calif		
Name of Father			
His Birthplace	Switzerland		
Maiden Name of Mother			
Her Birthplace	Switzerland		
Motor Ship	<input type="checkbox"/> Remains to		
Size of Casket			
Manufactured by	Golden State Casket Co. (State Color and Number)		
Cemetery	Catholic Cemetery, Sonoma		
Crematory			
Lot No.			
Grave No.			
Section No.			
Block No.			
Owner			

Complete Funeral (except outlays)	\$ 207 -
Casket	
Burial Vault or Box	15
Embalming Body	
(Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	19.78
Suit or Dress	19.30
(State Kind and Color)	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	153.50
Candles, \$	
Door Spray, \$	15
Gloves, \$	
Funeral Car, \$	19.30
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	93.90
Taking Remains to	
Trip to Coroner's Inquest	469.50
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District)	
Certif. Copies of Death Certificates No.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	2 Graves 25.00
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	25.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor	
Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	1.00
Certified Certificate	
Out of town Undertaker's Charges	
Personal Service	15.00
line Death Notices in	
Papers	
Examiner	7.20
(Names of Newspapers)	
Index - Posted	5.00
Sales Tax	2.56
Total Footing of Bill	426.75
Less 16.10 - Bodan	16.10
Balance	410.65

No. _____ Aug 21 1948
RECEIVED OF Bates & Graves
Four and 25 100 Dollars
1 watch, 1 wallet, tobacco pouch &
knife
\$4 25 Mrs Rose Cucca

Amount Paid		Balance	
410	65		

.....
(Name of Funeral Directors.)
from date. Interest to accrue from

maturity at the rate of % per annum.

Signed.....

Witness.....

Address

17

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Casket No.	502				To Balance Forward		
Size	5/0				By Payment	473/4	
					" "		
					" "		
Covering	White Lamb				" "		
					" "		
					" "		
Description	Lined 250				" "		
	6-#111-Hals				" "		

Names of _____ Insurance _____
Lodges _____ Companies _____

I, and I hereby represent that I have sufficient resources Legally available to _____
(Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from _____

_____% per annum. Signed _____

Address _____

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

17

Total No. Yearly No. Date of Entry August 22 19 48

Name of Deceased Claudia Evelyn Cleveland

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 4 Box 625 Sebastopol, Cal ☐ Husband ☐ Wife ☐ Widow

Charge to: Albert Cleveland or of Age of Husband or Wife (if living) Years

Address: Above

Order given by: (or informant)

How Secured: no

If Veteran, State War: no

Occupation: Child (Social Security Number)

Employer and Address:

Date of Death: August 22, 1948 9:55 A.M. (Date) (Hour)

Date of Birth: Sept 15, 1941 (Date) (Month) (Day)

Age: 6 (Years) 11 (Months) 7 (Days)

Date of Funeral: Aug 25 Wed 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Malone Sebastopol (Address)

Religion of the Deceased:

Birthplace: Petaluma, Calif.

Resided in the State: Calif. (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma County Hospital

Cause of Death:

Contributory Causes:

Certifying Physician: Vernon Silvershield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father: Albert Cleveland

His Birthplace: Fenton, Co. Kentucky

Maiden Name of Mother: Alice Jones

Her Birthplace: Petaluma, Calif.

Motor } Remains to
Ship }

Size of Casket: (State Color and Number)

Manufactured by: S.F.

Cemetery: Sebastopol Cem Sonoma

Crematory:

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner:

Complete Funeral (except outlays) \$ 150 -

Casket \$ 175 -

Burial Vault or Box Stone (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
Dressing Body, \$ 2.00 Underwear, \$ 2.80 2.94
Suit or Dress 9.25 24.25 34.01 10.20
(State Kind and Color)

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit
Certif. Copies of Death Certificates No.
(State Number and District)
(State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax
Outlay for Lot Sebastopol Cemetery 1.35 00
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced Casket Spray 15.00
Out of town Undertaker's Charges
Personal Service: Rev. Malone 15.00
Music Minister - Dunbar 7.50
..... line Death Notices in Papers
Democrat 2.00
(Names of Newspapers) August Saucier 3.00

Sales Tax 6.25

Total Footing of Bill \$ 521.89

Less: Courtesy disc \$ 48.75

Balance \$ 473.14

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Casket No. 502			To Balance Forward		
Size 5/0			By Payment		
Covering White Lamb			" "		
Description Lined 250			" "		
6-#111-Hals			" "		
			" "		
			" "		
			" "		
			" "		
			" "		

DEATHS

CLEVELAND—In Santa Rosa Sunday, August 22, 1948, Claudia Evelyn Cleveland; dearly beloved daughter of Mr. and Mrs. Albert Cleveland of Sebastopol; adored granddaughter of Mr. and Mrs. Irvin Jones of Petaluma and Mr. and Mrs. Henry Cleveland of Sebastopol. A native of California; aged 6 years.

Friends and acquaintances are invited to attend the funeral services Wednesday, August 25, at 2 p. m. from the chapel of Bates & Evans Funeral Parlor, Sonoma. Interment, 3:30 p. m., Sebastopol Cemetery, Sebastopol.

Names of Lodges Insurance Companies

I, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within days from date. Interest to accrue from % per annum.

Signed: Address:

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry August 31, 1948

Name of Deceased Mary M. Frago
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) 91

Residence: 5th St. West Sonoma
☐ Husband ☐ Wife ☐ Widow Frank J. Age of Husband or Wife (if living) Years

Charge to: Mrs. Florence Davis

Address: 5th St. West Sonoma

Order given by: Edward E. Frago (Informant)

How Secured: 29 Hopkins Ave. - \$7.14

If Veteran, State War no

Occupation: at home (Social Security Number) no

Employer and Address

Date of Death: Aug 31 - 5:55 A.M. (Date) (Hour)

Date of Birth: November 4, 1883 (Date) (Month) (Day)

Age: 74 (Years) 9 (Months) 27 (Days)

Date of Funeral: Sept 2 - Thurs. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace: Bare Island

Resided in the State: 60 years (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma County Hospital

Cause of Death:

Contributory Causes:

Certifying Physician: Dr. (or Coroner)

His Address: Sonoma County Hospital

Name of Father: John J. Frago

His Birthplace: Bare Island

Maiden Name of Mother: Joquina Rust

Her Birthplace: Bare Island

Motor } Remains to
 Ship }

Size of Casket: 12x24 (State Color and Number)

Manufactured by: St.

Cemetery } Catholic Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 308

Casket \$ 15.00

Burial Vault or Box \$ 15.00

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color) \$ 154.00

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certifi. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales/Tax \$

Outlay for Lot. 2 Graves \$ 25.00

Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25.00

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service. mass \$ 15.00

..... line Death Notices in Papers \$ 6.65

..... (Names of Newspapers) \$ 2.56

Sales Tax \$ 4.23

Total Footing of Bill \$ 401.44

Less 16.15 - 30 days \$ 16.15

Balance \$ 385.29

Entered into Ledger, page or below.

FRAGO—In Santa Rosa, Calif., Aug. 31, 1948, Mary M. Frago, dearly beloved wife of Frank J. Frago of Sonoma, beloved mother of Mrs. Alice Rust and Edward E. Frago of San Francisco, Mrs. Marguerite Ebert of Oakland, Mrs. Florence Davis of Boyes Springs and Frank Frago of Sonoma; a native of Azore Islands, aged 74 years.

Friends and acquaintances are respectfully invited to attend the funeral services Thursday, Sept. 2, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of her soul, commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma, Calif. Rosary will be recited Wednesday evening at 8 o'clock.

Service in this city Aug. 30, 1948.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 8 1948

Name of Deceased Abe B. McLean
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 14, Jeffers Hot Springs, Cal. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Robt. Gibson

Address Above - Sister -

Order given by (or informant)

How Secured
 If Veteran, State War Spanish American

Occupation Retired plumber (Social Security Number)

Employer and Address

Date of Death Sept 8, 1948 79 M. (Date) (Hour)

Date of Birth June 14, 1868 (Date) (Hour)

Age 80 2 24 (Years) (Months) (Days)

Date of Funeral Sept 10, Fri 99 M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Calif

Resided in the State Calif (or U. S. or City or County) (Years) (Months)

Complete Funeral (except outlays) \$ 30.7

Casket
 Burial Vault or Box (State Kind) 15
 Embalming Body (Name of Embalmer) 153.50
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color) 168.50
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines to Cemetery @ \$ 25.00
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)

Death Certificates No. (State Physician's or Coroner's)
 e, \$ Use of Chapel, \$
 les Tax \$
 lms, \$ Matting, \$
 of Temporary Vault, \$
 or Tomb
 Lowering Device, \$
 g Charges
 Singers, \$ Organist, \$
 Aero-plane Service, \$
 ble or Radio Charges
 rtaker's Charges
mass 15.00

Sept. 9, 1948 19

RECEIVED of Bates & Evans

Discharge papers for Dollars

Abe. B. McLean (deceased)

\$ x Encencia Gibson
 Sister

Size of Casket 40x75xH. Doerskin (State Color and Number)

Manufactured by Golden Gate Casket Co.

Cemetery } Golden Gate National
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

line Death Notices in Papers
Index Tribune (Names of Newspapers) 2.50

Sales Tax 4.21

Total Footing of Bill \$ 368.77

Less 16.10 30 days \$ 1.50

Balance \$ 218.77

Entered into Ledger, page or below. 16 10

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
Sept 10	Filed Son's mnt.	\$	Sept 11	202.67	\$
	" "	\$	" "	150	\$
	" "	\$	" "		\$
	" "	\$	" "		\$
	" "	\$	" "		\$
	" "	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept. 18 19 48

Name of Deceased Mary E. Burke

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 15 Sonoma ☐ Husband ☐ Wife ☐ Widow Henry J. or of Age of Husband or Wife (if living) Years

Charge to Mrs. Hans Hansen, Lotta

Address Mrs. Ray Albert, Ferndale

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address

Date of Death Sept. 23 (Date) (Hour)

Date of Birth Oct. 23, 1861 (Date) (Hour)

Age (Years) (Months) (Days)

Date of Funeral Sept. 24 - Fri. 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. G. L. Ladd, Sonoma (Address)

Religion of the Deceased

Birthplace Baltimore, Maryland

Resided in the State 50 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Trenter

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Grey, 2 ch. (State Color and Number)

Manufactured by S. 7

Cemetery } mt. Cem. Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 30.8

Casket
Burial Vault or Box (State Kind) 15
Embalming Body (Name of Embalmer)
Barber, \$ Hair Dressing, \$ 1.50
Dressing Body, \$ Underwear, \$ 1.50
Suit or Dress (State Kind and Color) 2.50 2.50
Slippers, \$ Hose, \$ 1.50
Folding Chairs, \$ Tarpaulin, \$ 2.50
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot Coping Nunham \$ 85.00
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced Don Ruggles Organ \$ 5.00
Out of town Undertaker's Charges
Personal Service Rev. Ladd \$ 10
..... line Death Notices in Papers
..... Index Tribune \$ 2.50
..... (Names of Newspapers) Flowers \$ 15.00
Sales Tax \$ 4.23
Total Footing of Bill \$ 511.38
Less 16.15 30 days \$ 16.15
Balance \$ 495.23
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept. 28, 1948	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. Yearly No. Date of Entry Sept 8 1948

Name of Deceased Abe B. McLean (What Race) W.

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence P.O. Box 14, Getters Hot Springs, Cal. ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Robt. Gibson

Address Above - Sister -

Order given by (or informant)

How Secured:

If Veteran, State War Spanish American

Occupation Retired plumber (Social Security Number)

Employer and Address

Date of Death Sept 8, 1948 79 M. (Date) (Hour)

Date of Birth June 14, 1868 (Date) (Day of Week) (Hour)

Age 80 2 24 (Years) (Months) (Days)

Date of Funeral Sept 10, Fri. 99 M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Calif.

Resided in the State Calif. (or U.S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes P.S. H.D.

Dying Physician P.S. Huntington (or Coroner)

Address So. Co. Hospital

Name of Father Archibald McLean

Birthplace Scotland

maiden Name of Mother Mary Anna, Serian

Birthplace Mexico

Remains to

Size of Casket Gold 95 H. Veeskin Silver (State Color and Number)

Manufactured by Golden Gate Wasket & Crematory

Cemetery Golden Gate National

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 30.7

Casket 1.5

Burial Vault or Box (State Kind) 1.5

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 1.53

Dressing Body, \$ Underwear, \$ 1.5

Suit or Dress (State Kind and Color) 1.68

Slippers, \$ Hose, \$ 1.68

Folding Chairs, \$ Tarpaulin, \$ 8.4

Candelabrum, \$ Candles, \$ 4.25

Door Spray, \$ Gloves, \$ 4.25

Funeral Car, \$ Ambulance, \$ 25.00

Limousines to Cemetery @ \$ 25.00

Extra Limousines to Cemetery @ \$ 25.00

Autos to R. R. Station @ \$ 25.00

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mass 1.50

line Death Notices in Papers 2.56

Sales Tax 4.21

Total Footing of Bill \$ 368.77

Less 16.10 30 days \$ 1.50

Balance \$ 218.77

Entered into Ledger, page or below. 16 10

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
Sept 18	Filed Son's ment	\$	Sept 11		\$ 202.67
"	"	\$	"		\$ 1.50
"	"	\$	"		\$
"	"	\$	"		\$
"	"	\$	"		\$
"	"	\$	"		\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

21

Total No. Yearly No. Date of Entry Sept. 18 19 48

Name of Deceased Marc E. Burke

Residence Rt 1 Box 15 Sonoma ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow Henry (What Race)

Charge to Mrs. Hans Hansen, Lotta or of Age of Husband or Wife (if living) Years

Address Mrs. Ray Albert, Ferndale

Order given by (or informant)

How Secured (State Kind)

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address

Date of Death Sept. 23 (Date) (Hour)

Date of Birth Oct. 23, 1861 (Date) (Hour)

Age (Years) (Months) (Days)

Date of Funeral Sept. 24 - Fri 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Gadd Sonoma (Address)

Religion of the Deceased

Birthplace Baltimore, Maryland

Resided in the State 50 yrs (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Trenter

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Reg. 3 ch (State Color and Number)

Manufactured by

Cemetery } mt. Gen. Sonoma
Crematory }

Lot No.
Grave No.
Section No.
Block No.
Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 308

Casket
Burial Vault or Box
Embalming Body
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit
Certif. Copies of Death Certificates No.
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot Coping. Wunham \$ 25.00
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced Don Ruggles Organ \$ 5.00
Out of town Undertaker's Charges
Personal Service Rev. Gadd \$ 10.00
line Death Notices in Papers
Total Footing of Bill \$ 511.38
Less 16.15 30 days \$ 16.15
Balance \$ 495.23
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 28, 1948	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 26 1948

Name of Deceased Bryan John Smith
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: So State Home
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Rodney C. Smith

Address 256 Portola Drive San Mateo, Cal.

Order given by father above
 (or informant)

How Secured:

If Veteran, State War no

Occupation none
 (Social Security Number) no

Employer and Address

Date of Death Sept 26, 1948 7:15 P.M.
 (Date) (Hour)

Date of Birth December 26, 1941
 (Date) (Hour)

Age 6 9 0
 (Years) (Months) (Days)

Date of Funeral Sept 28 - Tue - 10.9 M.
 (Date) (Day of Week) (Hour)

Services at Graveside

Clergyman Priest
 (Address)

Religion of the Deceased Catholic

Birthplace San Mateo, Calif.

Resided in the State Calif.
 (or U.S. or City or County) (Years) (Months)

Place of Death So State Home

Cause of Death Broncho-pneumonia

Contributory Causes Dysentery, Fleisher's
see Certificate

Certifying Physician L. S. King, M.D.
 (or Coroner)

His Address Eldridge, Calif.

Name of Father Rodney C. Smith

His Birthplace Bristol, England

Maiden Name of Mother Mary C. O'Neill

Her Birthplace S. F., Calif.

Motor Ship } Remains to

Size of Casket 3/0 x white Lamb
 (State Color and Number)

Manufactured by 7

Cemetery } Catholic Cemetery Sonoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 80 -
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificate No.
 (State Number and District) (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 1 Grave \$ 10 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 15.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Priest Papers \$ 5.00
Certified Certificate \$ 1.00
 (Names of Newspapers)

Sales Tax \$ 12.25
 Total Footing of Bill \$ 122.25
 Less
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Sept 28</u>	<u>on acct.</u>	\$ <u>50.00</u>
	" "	\$		" "	\$ <u>72.25</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

23

Total No. Yearly No. Date of Entry Sept 29 19 48

Name of Deceased Delfino La Franchi
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Spain St ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to Mrs Nina Wahlin - 407-44th St

Address Vernon Silvershield Public Oakland

Order given by (or informant) Complete Funeral (except outlays) \$ 637 -

How Secured Casket
 Burial Vault or Box (State Kind) 1.5 -

If Veteran, State War no Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$ 1.80
 Suit or Dress Suit 18.00 und. set 1.80 20 30
 (Social Security Number) (State Kind and Color) gray 50

Employer and Address Slippers, \$ Hose, \$
 Date of Death Sept 29 (Date) 11:20 P.M. (Hour) Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Oct. 1, 1948

I Mrs Nina Wahlin represent myself to be a cousin of Delfino LaFranchi (Deceased) and am hereby arranging funeral in the am't of about \$775.00. I believe there are Neices and Nephews or said deceased somewhere in California but know neither their names or their whereabouts. In view of this fact I feel it to be my duty to sa act and said funeral selection was of my own choice.

Mrs. Nina Wahlin Cousin

407-44th St; Oakland, Calif.

Witness - Lucie W. Wahlin

Crematory Mountain Lot No. 9 Sales Tax 4.81
 Grave No. Examiner 8.34
 Section No. Total Footing of Bill \$ 78.3 ST
 Block No. Less
 Owner Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Nov 4</u>	By Payment <u>Filed ARH</u>	\$	<u>Feb 9</u>	By Payment <u>Filed</u>	\$ <u>78.35</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... Sept 26 1948

Name of Deceased Bryan John Smith
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: So State Home ☐ Husband ☐ Wife ☐ Widow }
or..... of } Age of Husband or Wife (if living)..... Years

Charge to Rodney C. Smith

Address 256 Petrola Drive San Mateo

Order given by father above
(or informant)

How Secured:.....

If Veteran, State War no

Occupation none (Social Security Number) no

Employer and Address.....

Date of Death Sept 26, 1948 7:15 P.M.

Date of Birth December 6
Age..... (Years)..... (M)

Date of Funeral Sept 28
(Date)..... (Di)

Services at Graveside

Clergyman Priest

Religion of the Deceased Cat

Birthplace San Mateo

Resided in the State Life
(or U, S, or C)

Place of Death So State

Cause of Death Broncho

Contributory Causes Depression
see Certificate

Certifying Physician L. S. 1

His Address Eldridge

Name of Father Rodney

His Birthplace Bristol

Maiden Name of Mother Ma

Her Birthplace S. F. Ca

Motor } Remains to.....
Ship }

Size of Casket 3/0. 7 wh
(State)

Manufactured by 7

Cemetery } Catholic Cemetery Sonoma
Crematory }

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Diagram of Lot or Vault

Complete Funeral (except outlays).....	\$	80	-
Casket.....			
Burial Vault or Box.....		10	-
Embalming Body.....			
Barber, \$.....			
Dressing Body, \$.....			
Suit or Dress.....			
Slippers, \$.....			
Folding Chairs, \$.....			
Candles \$.....			
Hair Dressing, \$.....			
Underwear, \$.....			
Hose, \$.....			
Tarpaulin, \$.....			

Sales Tax.....		1	25
Total Footing of Bill.....	\$	122	25
Less.....	\$		
Balance.....	\$		
Entered into Ledger, page..... or below.			

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance.....		\$		To Balance Forward.....		\$
	By Payment.....	\$	\$		By Payment.....	\$	\$
	" ".....	\$	\$		" ".....	\$	\$
	" ".....	\$	\$		" ".....	\$	\$
	" ".....	\$	\$		" ".....	\$	\$
	" ".....	\$	\$		" ".....	\$	\$
	" ".....	\$	\$		" ".....	\$	\$
	" ".....	\$	\$		" ".....	\$	\$

Insurance \$..... Names of Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.
Signed.....
Witness..... Address.....

RECORD OF FUNERAL

23

48

Total No. Yearly No. Date of Entry Sept 29 1948

Name of Deceased Delfino La Franchi
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Spain St ☐ Husband ☐ Wife ☐ Widow }
 Charge to Mrs Nina Wahlen - 407-4434 of } Age of Husband or Wife (if living) Years

Address Vernon Silvertheld Public Oakland

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation laborer (Social Security Number)

Employer and Address

Date of Death Sept 29 11:20 P.M. (Date) (Hour)

Age at Birth unk (Years) (Months) (Days)

Date of Funeral Oct 4 mon 9:30 A.M. (Date) (Day of Week) (Hour)

Place of Death St Francis (Address)

Religion of the Deceased Catholic

Place of Birth Switzerland

Age at Death 58 years (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Contributory Causes

Attending Physician Wm J Newman M.D. (or Coroner)

Address Sonoma Calif

Place of Birth Switzerland

Place of Birth Switzerland

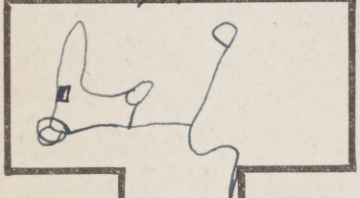
Place of Birth Switzerland

Remains to #48-2658

Color of Casket Queen Anne's Promo Eucalyptus (State Color and Number)

Manufactured by Lustre H. R. Hollygood

Crematory Catholic Cemetery Sonoma

Diagram of Lot or Vault 

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 637 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ \$

Dressing Body, \$ Underwear, \$ 1.80

Suit or Dress Suit 18.00 und. 5.00 \$ 20.30

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Door Spray, \$ Gloves, \$ \$ 3.18 50

Funeral Car, \$ Ambulance, \$ \$ 15 80

Limousines to Cemetery @ \$ \$ 353 30

Extra Limousines @ \$ \$ 353 30

Autos to R. R. Station @ \$ \$ 176 65

Getting Remains from \$ 8.83 25

Taking Remains to \$

Trip to Coroner's Inquest \$

Delivering Box to \$

Deliver Flowers to \$

Removal Charges \$ 4 00

Procuring Burial Permit (State Number and District) \$

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot \$ 25 00

Cremation \$

Flowers, \$ Palms, \$ Matting, \$ \$

Rental of Tent, \$ of Temporary Vault, \$ \$

Opening of Grave or Tomb \$ 55 00

Lining Grave, \$ Lowering Device, \$ \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$ \$

Railroad } Tickets, \$ Aero- } Service, \$ \$

or Motor } plane }

Telegr., Phone, Cable or Radio Charges \$

Cash Advanced \$

Out of town Undertaker's Charges \$

Personal Service Flowers \$ 20 00

Mass \$ 15 00

line Death Notices in Papers \$ 1 50

Argus Courier \$ 2 56

Local Examiner \$ 4 81

Sales Tax \$ 8 34

Total Footing of Bill \$ 783 57

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Nov 4</u>	By Payment <u>783.57</u>	\$	<u>Feb 9</u>	By Payment <u>783.57</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	October 12 1948
Name of Deceased	Margaret Emily Baines		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence	PO Box 217 Elverado, Calif		
Charge to	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow Charles		
Address	above -		
Order given by	(or informant)		
How Secured			
If Veteran, State War	no		
Occupation	at home no		
Employer and Address			
Date of Death	October 12, 1948 3:15 PM		
Date of Birth	Oct 16, 1896		
Age	91 11 26		
Date of Funeral	Oct 15 - Fri 2 P. M.		
Services at	Chapel		
Clergyman	Burdney Hamilton Sonoma		
Religion of the Deceased			
Birthplace	Ireland		
Resided in the State	53 years		
Place of Death	Home		
Cause of Death			
Contributory Causes			
Certifying Physician	Wm. Newman M.D. (or Coroner)		
His Address	Sonoma, Calif		
Name of Father	Richard Phillips		
His Birthplace	England		
Maiden Name of Mother	Margaret Parks		
Her Birthplace	Ireland		
Motor Ship	Remains to		
Size of Casket	17 (State Color and Number)		
Manufactured by	17		
Cemetery	Mt. Cem. Sonoma		
Crematory			
Lot No.			
Grave No.			
Section No.			
Block No.			
Owner			
Complete Funeral (except outlays) \$ 220 - Casket Burial Vault or Box Embalming Body Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from Taking Remains to Trip to Coroner's Inquest Delivering Box to Deliver Flowers to Removal Charges Procuring Burial Permit Certif. Copies of Death Certificates No. Pall Bearer Service, \$ Use of Chapel, \$ Gross Total for Sales Tax Outlay for Lot Cremation Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$ Railroad } Tickets, \$ Aero plane Service, \$ or Motor } Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges Personal Service line Death Notices in Papers Balance Entered into Ledger, page or below.			



Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
SIZE	6/3 No. 9405- Slip Cap			Cov. Gray Doe			
DESCRIPTION:	Lined Sunray Rd. Pillow						
HANDLES:	782-Hals						
11/10/48	statement						
"	"						
"	"						

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

25

12

Total No. Yearly No. Date of Entry October 13 1948

Name of Deceased Donald Lawrence Shank W
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Eldridge, Calif. ☐ Husband ☐ Wife ☐ Widow
 or of } Age of Husband or Wife (if living) Years

Charge to: David M. Shank

Address: Hagerstown, Maryland

Order given by: above (or informant)

How Secured:

If Veteran, State War no

Occupation: Infant (Social Security Number)

Employer and Address

Date of Death: Oct. 12, 1948 (Date) (Hour)

Date of Birth: Nov. 16, 1946 (Date) (Hour)

Age: 1 (Years) 10 (Months) 27 (Days)

Date of Funeral: Oct. 15 (Date) Fri (Day of Week) 7:30 (Hour) M.

Services at: Hagerstown, Maryland

Clergyman: (Address)

Religion of the Deceased

Birthplace: Hamilton Field, Calif.

Resided in the State: Calif. (or U.S. or City or County) (Years) (Months)

Place of Death: Sonoma State Home

Cause of Death: Broncho-Pneumonia

Contributory Causes: Hydrocephalus

Certifying Physician: L. S. King, M.D. (or Coroner)

His Address: Eldridge, Calif.

Name of Father: David M. Shank

His Birthplace: Big Springs, Maryland

Maiden Name of Mother: Loila J. Baldert

Her Birthplace: Van Meter, Iowa

Motor } Remains to
 Ship }

Size of Casket: 3/4 - white Lamb #0 (State Color and Number)

Manufactured by: 87

Cemetery } Hagerstown, Maryland
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$	
Casket, <u>Personal Services</u>		<u>85.00</u>
Burial Vault or Box <u>Shipping</u>		<u>15.00</u>
Embalming Body (Name of Embalmer)		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress (State Kind and Color)		
Slippers, \$	Hose, \$	
Folding Chairs, \$	Tarpaulin, \$	
Candelabrum, \$	Candles, \$	
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery @ \$		
Extra Limousines @ \$		
Autos to R. R. Station @ \$		
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit (State Number and District)		
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation <u>Express fare to Maryland</u>		<u>209.42</u>
Flowers, \$	Palms, \$	Matting, \$
Rental of Tent, \$	of Temporary Vault, \$	
Opening of Grave or Tomb		
Lining Grave, \$	Lowering Device, \$	
Outlay for Shipping Charges		
Clergyman, \$	Singers, \$	Organist, \$
Railroad } Tickets, \$	Aero-plane Service, \$	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
line Death Notices in Papers		
(Names of Newspapers)		
Sales Tax <u>no tax out of state</u>		
Total Footing of Bill	\$	<u>309.42</u>
Less	\$	
Balance	\$	
Entered into Ledger, page or below.		

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Oct. 1948

Name of Deceased Gail Lynn Cameron

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Eldridge, Calif. ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Ronald Cameron

Address Box 624 Maricopa, Calif.

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation none none (Social Security Number)

Employer and Address

Date of Death Oct. 13, 1948 11:35 a.m. (Date) (Hour)

Date of Birth June 21, 1944 (Date)

Age 4 3 22 (Years) (Months) (Days)

Date of Funeral Oct. 18 Mon. (Date) (Day of Week) (Hour) M.

Services at: no service

Clergyman: (Address)

Religion of the Deceased

Birthplace Topeka, Kansas

Resided in the State 3 years (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho Pneumonia

Contributory Causes

Certifying Physician J. Williams M.D. (or Coroner)

His Address Eldridge, Calif.

Name of Father Ronald J. Cameron

His Birthplace Canada

Maiden Name of Mother Rodian F. Matheson

Her Birthplace Denver, Colo.

Motor Ship } Remains to

Size of Casket 3 1/4 #0 White Lamb (State Color and Number)

Manufactured by:

Cemetery } Mt. Cemetery Sonoma, Calif.

Crematory }

Diagram of Lot or Vault

Lot No. Grave No. Section No. Block No. Owner

Complete Funeral (except outlays) \$ 80

Casket \$ 10

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 4.00

Dressing Body, \$ Underwear, \$ 1.00

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 5.00

Folding Chairs, \$ Tarpaulin, \$ 5.00

Candelabrum, \$ Candles, \$ 2.50

Door Spray, \$ Gloves, \$ 1.25

Funeral Car, \$ Ambulance, \$ 1.25

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 25.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax 1.25

Total Footing of Bill \$ 122.25

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	Oct 15	" "	\$ 80
	" "	\$		" "	\$ 41
	" "	\$	Oct 15	" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

27

Total No..... Yearly No..... Date of Entry..... Oct. 18 1948

Name of Deceased Lilla E. Lawson (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 136 Calhoun St. Vallejo, Calif. ☐ Husband ☐ Wife ☐ Widow

Charge to: Richard Lovell or..... of } Age of Husband or Wife (if living)..... Years

Address..... Sonoma

Order given by..... (or informant)

How Secured:.....

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address.....

Date of Death Oct. 18, 1948 5:35 P.M. (Date) (Hour)

Date of Birth Sept. 29, 1868 (Date) (Month) (Day)

Age..... 80 0 19 (Years) (Months) (Days)

Date of Funeral Oct. 21 - Thurs 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Joseph Todd Sonoma (Address)

Religion of the Deceased.....

Birthplace Pittsburg, Pennsylvania

Resided in the State 39 years (or U. S. or City or County) (Years) (Months)

Place of Death 136 Calhoun St. Vallejo

Cause of Death.....

Contributory Causes.....

Certifying Physician..... (or Coroner)

His Address:.....

Name of Father Everett

His Birthplace England

Maiden Name of Mother Jane Wright

Her Birthplace England

Motor } Remains to.....
Ship }

Size of Casket..... (State Color and Number)

Manufactured by S. J.

Cemetery } mt. Cemetery Sonoma, Calif.
Crematory }

Diagram of Lot or Vault

Lot No..... Grave No..... Section No..... Block No..... Owner.....

Complete Funeral (except outlays)..... \$ 378

Casket.....

Burial Vault or Box..... (State Kind) 15

Embalming Body..... (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress..... (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery..... @ \$.....

Extra Limousines..... @ \$.....

Autos to R. R. Station..... @ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to Vallejo Permit..... 2.50

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit..... 4. -

Certif. Copies of Death Certificates No..... (State Number and District)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax..... \$

Outlay for Lot.....

Cremation.....

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb..... 61

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero-
or Motor } plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service Joseph Todd..... 10.50
Don Ruggles music..... 7.50

line Death Notices in..... Papers.....

Sales Tax.....

Total Footing of Bill..... \$ 491.66

Less 19.65 - 30 days..... \$ 19.65

Balance..... \$ 472.01

Entered into Ledger, page..... or below.

SIZE 6/3 No. 9388 Cov. 285

DESCRIPTION: Gift White Stanwyx dark pink backing of domet 1/2 way MB&BP

HANDLES: 444-3x0 Sea Foam Hdles

11/10/48 notice Statement

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

Total No. Yearly No. Date of Entry October 29 19 48

Name of Deceased Louis Henry Green
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W

Residence 1136 Carter Burlingame Cal ☐ Husband ☐ Wife ☐ Widow }
 Charge to Mrs J H Campbell or of } Age of Husband or Wife (if living) Years

Address 1136 Carter - Burlingame Cal

Order given by above (or informant)

How Secured:

If Veteran, State War no

Occupation Feed + Fuel (Social Security Number)

Employer and Address Self

Date of Death Oct 29, 1948 12:30 P.M. (Date) (Hour)

Date of Birth Nov 20, 1864

Age 83 11 9 (Years) (Months) (Days)

Date of Funeral Nov 3, Wed 9:45 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Sonoma, Calif

Resided in the State Calif (or U. S. or City or County) (Years) (Months)

Place of Death Mills Memorial Hospital

Cause of Death Cardio Circulatory failure

Contributory Causes Hypertensive Cardiovascular disease - Stroke -

Certifying Physician B. J. McLaughlin M.D. (or Coroner)

His Address 528 El Camino Real

Name of Father William Green

His Birthplace New York

Maiden Name of Mother Mary O'Brien

Her Birthplace unk

Motor } Remains to from - Burlingame, Calif
 Ship }

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Catholic Cem. Sonoma, Calif
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 50.00

Casket \$ 1.50

Burial Vault or Box (State Kind) \$ 1.50

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 2 dozen (Boutenard) \$ 5.00 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to Devise + Greens \$ 5.00
 Deliver Flowers to Isaac marker \$ 3.50
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: Cleaning Plot \$ 5.00
 Cremation Thanks + notice \$ 1.00
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 2.50
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass \$ 1.50

..... line Death Notices in Papers
Democrat \$ 2.00
Index Tribune \$ 2.56

Sales Tax on Box, marker + flowers \$ 53

Total Footing of Bill \$ 132.09

Less notary fee \$ 50

Balance \$ 132.59

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
11/10/48	Statement				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

29

Total No. Yearly No. Date of Entry Oct 31 19 48

Name of Deceased Charles J. McLean
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: 953-31st St. Richmond
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Bathilda M. Cook

Address: above

Order given by: herself
 (or informant)

How Secured:

If Veteran, State War no

Occupation: Welder 556-01-5674
 (Social Security Number)

Employer and Address

Date of Death: Oct 31, 1948 abt 11:55 AM
 (Date) (Hour)

Date of Birth: Oct 16, 1908
 (Date)

Age: 40 0 15
 (Years) (Months) (Days)

Date of Funeral: Nov 3 - Wed 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: Chapel of the Chimes Oakland

Clergyman:
 (Address)

Religion of the Deceased

Birthplace: S. F. Calif

Resided in the State: Calif
 (or U. S. or City or County) (Years) (Months)

Place of Death: Small Valley Airplane Crash
 (State Number and District)

Cause of Death: Shock, Multiple Injuries
 (State Physician's or Coroner's)

Contributory Causes: fire - Airplane Crash

Attending Physician: Charles E. Burchell
 (or Coroner)

Address: Napa, Calif

Name of Father: Charles J. McLean

Birthplace: Missouri

Maiden Name of Mother: Bathilda M. Cook

Her Birthplace: Calif

Motor } Remains to
 Ship }

Size of Casket: Metal lined Box -
 (State Color and Number)

Manufactured by:

Cemetery } Chapel of the Chimes Oakland, Calif
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 17.50

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 87.50

Dressing Body, \$ Underwear, \$ 87.50

Suit or Dress (State Kind and Color) 43.75

Slippers, \$ Hose, \$ 2.18

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$ 5.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced 10.00

Out of town Undertaker's Charges

Personal Service: flowers 35.88

2 c/c - @ 1.00 2.00

line Death Notices in Papers 5.00

Oakland Tribune 4.50
 (Names of Newspapers)

Sales Tax 2.19

Total Footing of Bill \$ 284.57

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
11/3/48	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry October 30 1948

Name of Deceased Anna H. Pemberton W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2166 Ashby Ave Berkeley ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to H. B. Shaw

Address 2166 Ashby Ave Berkeley

Order given by Above
 (or informant)

How Secured :

If Veteran, State War No

Occupation at home - no
 (Social Security Number)

Employer and Address

Date of Death Oct. 30, 1948 7:05 a.m.
 (Date) (Hour)

Date of Birth Sept. 12, 1864
 (Date)

Age 84 1 18
 (Years) (Months) (Days)

Date of Funeral Nov. 2 - Tue 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman C. C. Champlin Sonoma
 (Address)

Religion of the Deceased

Birthplace New Hampshire

Resided in the State 78 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Abney Mortuary Berkeley

Cause of Death Endocarditis

Contributory Causes Arteriosclerosis

Certifying Physician Robt. R. Thomson M.D.
 (or Coroner)

His Address Oakland Calif

Name of Father Pemberton

His Birthplace New Hampshire

Maiden Name of Mother Mary L. Locke

Her Birthplace New Hampshire

Motor } Remains to Berkeley
 Ship } The Little Chapel of the Flower

Size of Casket
 (State Color and Number)

Manufactured by
 Cemetery } Mt. Carm. Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Chapel Services

Complete Funeral (except outlays) \$ 50 -

Casket \$ 150 -

Burial Vault or Box \$ 150 -
 (State Kind)

Embalming Body \$ 150 -
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$ 21.00
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from Devise & Greene \$ 5.00
 Taking Remains to grave marker \$ 3.50

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges \$ 1.00

Procuring Burial Permit \$ 1.00
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 55.00

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Champlin \$ 10 -

line Death Notices in Papers
Index Tribune \$ 2.50
 (Names of Newspapers)

Sales Tax \$ 53

Total Footing of Bill \$ 145.09

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry		Nov 4 1948	
Name of Deceased				Abel Paculba			
<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				(What Race)			
Residence:				Sonoma State Home			
Charge to:				Mother - Mrs. Theresa			
Address:				P.O. Box 244 Salinas			
Order given by:				Herself			
How Secured:				Cash			
If Veteran, State War							
Occupation				none			
Employer and Address							
Date of Death				Nov 4, 1948 7 P.M.			
Date of Birth							
Age				23			
Date of Funeral				Nov 9, 1948			
Services at:				Salinas, Calif.			
Clergyman:							
Religion of the Deceased				Catholic			
Birthplace				Honolulu			
Resided in the State				22 yrs.			
Place of Death				State Home			
Cause of Death				malnutrition			
Contributory Causes				General Spastic			
Certifying Physician				Isabell J. Vickman			
His Address:				Sonoma State Home			
Name of Father							
His Birthplace				Honolulu			
Maiden Name of Mother							
Her Birthplace				Philippines Islands			
Remains to				Salinas, Calif.			
Size of Casket				8 7			
Manufactured by				S. F.			
Cemetery				Salinas, Calif.			
Crematory							
Lot No.							
Grave No.							
Section No.							
Block No.							
Owner							
Complete Funeral (except outlays)				\$ 3.60			
Casket							
Burial Vault or Box				25			
Embalming Body							
Barber, \$				Hair Dressing, \$			
Dressing Body, \$				Underwear, \$			
Suit or Dress				20			
Slippers, \$				Hose, \$			
Folding Chairs, \$				Tarpaulin, \$			
Candelabrum, \$				Candles, \$			
Door Spray, \$				Gloves, \$			
Funeral Car, \$				Ambulance, \$			
Limousines to Cemetery				@ \$			
Extra Limousines				@ \$			
Autos to R. R. Station				@ \$			
Getting Remains from							
Taking Remains to							
Trip to Coroner's Inquest							
Delivering Box to							
Deliver Flowers to							
Removal Charges				8.06			
Procuring Burial Permit							
Certif. Copies of Death Certificates No.							
Pall Bearer Service, \$				Use of Chapel, \$			
Gross Total for Sales Tax				\$			
Outlay for Lot							
Cremation							
Flowers, \$				Palms, \$			
Rental of Tent, \$				of Temporary Vault, \$			
Opening of Grave or Tomb							
Lining Grave, \$				Lowering Device, \$			
Outlay for Shipping Charges							
Clergyman, \$				Singers, \$			
Railroad or Motor } Tickets, \$				Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges							
Cash Advanced							
Out of town Undertaker's Charges							
Personal Service							
line Death Notices in				Papers			
Sales Tax				5 63			
Total Footing of Bill				418 69			
Less				570 -			
Balance				398 44			
Entered into Ledger, page				or below			

SIZE	6/6	No.	9585- H.P	Cov.	448
DESCRIPTION:	Atlas Panel & Pillow Full lined Eggshell Crepe de Chen Orange sr.B & Bp 37-113-Fronze Hals				
HANDLES:					

11/8/48	Receipted statement mailed -	Nov 8 48
"	"	"
"	"	"
"	"	"

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

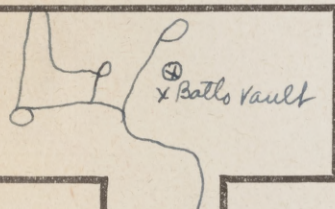
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry <u>November 13 1948</u>	
Name of Deceased <u>Emilio George Odella</u>		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		(What Race) <u>W</u>	
Residence <u>415 Jackson St. Cracockett</u>		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow		or of Age of Husband or Wife (if living) Years	
Charge to <u>Juana G. Odella</u>					
Address <u>Alhambra</u>					
Order given by <u>Himself</u>		(of informant)			
How Secured					
If Veteran, State War <u>no</u>					
Occupation <u>none</u>		(Social Security Number) <u>no</u>			
Employer and Address					
Date of Death <u>Nov. 13 - 1948</u>		(Date) (Hour) <u>1:45 PM</u>			
Date of Birth <u>July 11, 1944</u>		(Date) (Hour)			
Age <u>4</u> <u>4</u> <u>2</u>		(Years) (Months) (Days)			
Date of Funeral <u>Nov 15 Mon</u>		(Date) (Day of Week) (Hour) <u>9:30 A.M.</u>			
Services at <u>St. Francis</u>					
Clergyman		(Address)			
Religion of the Deceased <u>Catholic</u>					
Birthplace <u>Oakland, Calif</u>					
Resided in the State <u>Calif</u>		(or U. S. or City or County) (Years) (Months)			
Place of Death <u>Home</u>					
Cause of Death <u>Cerebral Tumor</u>					
Contributory Causes <u>Idiocy Congenital Heart</u>					
Certifying Physician <u>David S. Eldridge</u>		(or Coroner)			
His Address <u>610-2nd Ave Cracockett</u>					
Name of Father <u>Juana G. Odella</u>					
His Birthplace <u>Reservoir, Calif</u>					
Maiden Name of Mother <u>Ferdinanda Ghiani</u>					
Her Birthplace <u>Italy</u>					
Motor } Remains to		Ship }			
Size of Casket <u>4/0 - White Lamb. # 500</u>		(State Color and Number)			
Manufactured by <u>#7</u>					
Cemetery } <u>Mt. Cemetery, Sanoma</u>		Crematory }			
		Lot No. Grave No. Section No. Block No. Owner			

Complete Funeral (except outlays)		\$	127
Casket			
Burial Vault or Box			8
Embalming Body			
(Name of Embalmer)			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress			
(State Kind and Color)			
Slippers, \$			
Hose, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousines to Cemetery		@ \$	
Extra Limousines		@ \$	
Autos to R. R. Station		@ \$	
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			1 -
Certif. Copies of Death Certificates No.			
(State Number and District)			
Pall Bearer Service, \$			
Use of Chapel, \$			
Gross Total for Sales Tax		\$	
Outlay for Lot:			
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb			50 -
Lining Grave, \$			
Lowering Device, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Singers, \$			
Organist, \$			
Railroad } Tickets, \$			
or Motor }			
Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service <u>mass</u>			15 00
line Death Notices in			
Papers <u>Index Tribune</u>			2 56
(Names of Newspapers)			
<u>Marion's Permit</u>			1 00
Sales Tax			79
Total Footing of Bill		\$	205 35
Less		\$	
Balance		\$	
Entered into Ledger, page or below.			

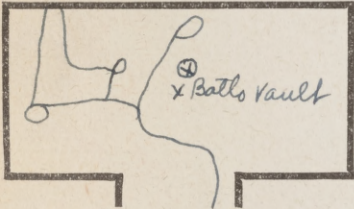


Diagram of Lot or Vault

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....

Witness : Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... November 20 1948

Name of Deceased... Hannah O'Connell ... (What Race) ...

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence... Castle Apts. Letters Springs... ☐ Husband ☐ Wife ☐ Widow } Dennis ... (What Race) ...

Charge to... John O'Connell ... or... of ... Age of Husband or Wife (if living) ... Years

Address... 42 Flood Circle, Bkerton La.

Order given by... Himself ... (or informant)

How Secured ...

If Veteran, State War ...

Complete Funeral (except outlays)	\$ 308 -
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$.....	
Hair Dressing, \$.....	
Underwear, \$.....	

Bates & Evans

FUNERAL DIRECTORS
SONOMA, CALIFORNIA

Received of Bates & Evans Nov 22 1948

Papers - 2 rings, 3^{06} cash Dollars

To apply on account of
Effects of Mrs Hannah O'Connell Deceased

\$ 3.06 Balance.

BATES & EVANS

By John D. Howell

Manufactured by: S. I. T.
Cemetery } Holy Cross -
Crematory }

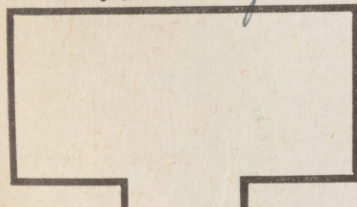


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

.....the Death Notices in.....Papers
.....*Flowers*.....
(Names of Newspapers)

Sales Tax 15	\$	3	85-
Total Footing of Bill.....	\$	42.3	07
Less ⁴⁰ 15. <i>30 days</i>	\$		
Balance.....	\$		
Entered into Ledger, page.....or below.			

Entered into Ledger, page.....or below.

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed

Witness..... Address.....

RECORD OF FUNERAL

35

Total No. Yearly No. Date of Entry Nov 22 1948

Name of Deceased Joseph A. Hall
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Imperial Valley Calif. ☐ Husband ☐ Wife ☐ Widow
 Charge to: Robert Hall or of Age of Husband or Wife (if living) Years
 Address: Sonoma State Home
 Order given by (or informant)
 How Secured
 If Veteran, State War World War I
 Occupation Hospital Attendant (Social Security Number)
 Employer and Address Sonoma State Home
 Date of Death Nov 22, 1948 5 P.M. (Date) (Hour)
 Date of Birth Nov 19, 1887 (Date) (Hour)
 Age 61 0 3 (Years) (Months) (Days)
 Date of Funeral Nov 27, Sat 10 A.M. (Date) (Day of Week) (Hour)
 Services at St. Francis
 Clergyman (Address)
 Religion of the Deceased Catholic
 Birthplace S. F. Calif.
 Resided in the State Life (or U.S. or City or County) (Years) (Months)
 Place of Death U.S. Naval Hospital (State Number and District)
 Cause of Death Uremia (State Physician's or Coroner's)
 Contributory Causes Hypertension Arterial
 Certifying Physician R. M. Stark, M.D. (or Coroner)
 His Address U.S. Naval Hospital
 Name of Father Chas. Hall
 His Birthplace Ireland
 Maiden Name of Mother Mary Anna M. Kenna
 Her Birthplace Ireland
 Motor } Remains to
 Ship }
 Size of Casket (State Color and Number)
 Manufactured by S.F.
 Cemetery } Catholic Cem Sonoma
 Crematory }

Complete Funeral (except outlays) \$ 46.00
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit Vallejo 2.50 (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 2.50
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced W. J. of Thanks 1.00
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 535.84
 Less \$ 23.75
 \$ 512.09

Lot No.
 Grave No.
 Section No.

12/8/48 Filed with Gov't.
 No. Nov 25 1948
RECEIVED OF Bates & Evans
Discharge Papers of. Dollars
Joseph A Hall (deceased)
x Robert Hall
Brother

or below.

Amount Paid	Balance
for 180	from Gov.
allowance & pension	
\$ 362.09	
\$ 1.80	
\$ 542.09	
\$ 30	
\$ 512.09	
\$ 1.11-49	

I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... November 20 1948
 Name of Deceased... Hannah O'Connell ee
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence... Castle Apts. Fellers Springs ☐ Husband ☐ Wife ☐ Widow Dennis
 or of } Age of Husband or Wife (if living) Years
 Charge to: John D. O'Connell
 Address... 42 Hood Circle, Pittston Pa
 Order given by... himself (or informant)
 How Secured:
 If Veteran, State War... no

Bates & Evans
 FUNERAL DIRECTORS
 SONOMA, CALIFORNIA

Received of... Bates & Evans Nov 22 1948
Papies - 2 rings, 3⁰⁶ cash Dollars
 To apply on account of
Effects of Mrs Hannah O'Connell Deceased
3⁰⁶ Balance

BATES & EVANS
 By... John D. O'Connell

Manufactured by: S. T.
 Cemetery } Holy Cross
 Crematory }
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Line Death Notices in... Flowers Papers
 (Names of Newspapers)
 Sales Tax 3⁸⁵
 Total Footing of Bill... \$ 423⁰⁷
 Less 1⁵⁰ - 30 days \$

Complete Funeral (except outlays) \$ 308 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Underwear \$
1⁷⁵ Pants 75 Day 44 17⁹⁴
 (State Kind and Color)
 Hose, \$
 Tarpaulin, \$
 Candles, \$
 Gloves, \$
 Ambulance, \$
 y @ \$
 @ \$
 @ \$

 (State Number and District)
 h Certificates No.
 State Physician's or Coroner's)
 Use of Chapel, \$
 ax, \$
 to Holy Cross \$ 58²⁸
 \$: : : Matting, \$
 Temporary Vault, \$
 omb
 lowering Device, \$
 arges
 rs, \$: : : Organist, \$
 Aero-
 plane Service, \$
 Radio Charges
 r's Charges
hass 15⁰⁰
Traveside 5⁰⁰

Date	Amount Paid	Balance
SIZE 6/3	No. 9389	Cov. 37
DESCRIPTION: Stephen of Sunray M B & Bp		
HANDLES: # 6-3x0-Hdl		

1/24/91 mailed statement

Insurance \$ Names of Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have su

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

35

Total No. Yearly No. Date of Entry Nov 22 1948

Name of Deceased Joseph A. Hall
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Agua Caliente Calif ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Robert Hall

Address Sonoma State Home

Order given by (or informant)

How Secured

If Veteran, State War World War I

Occupation Hospital Attendant (Social Security Number)

Employer and Address Sonoma State Home

Date of Death Nov 22, 1948 5 P.M. (Date) (Hour)

Date of Birth Nov 19, 1887 (Date) (Hour)

Age 61 0 3 (Years) (Months) (Days)

Date of Funeral Nov 27, Sat 10 A.M. (Date) (Day of Week) (Hour)

Services at St Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace S.F. Calif

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death U.S. Naval Hospital (State Number and District)

Cause of Death Uremia (State Physician's or Coroner's)

Contributory Causes Hypertension, Pterial, Pyelonephritis, Thrombosis, Cerebral

Certifying Physician R. M. Stark, M.D. (or Coroner)

His Address U.S. Naval Hospital

Name of Father Chas. Hall

His Birthplace Ireland

Maiden Name of Mother Mary Anna M. Kern

Her Birthplace Ireland

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by S.F.

Cemetery } Catholic Cem Sonoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 460 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$ 23000
 Dressing Body, \$ Underwear, \$ 1500
 Suit or Dress (State Kind and Color) 24500
 Slippers, \$ Hose, \$ 24500
 Folding Chairs, \$ Tarpaulin, \$ 12250
 Candelabrum, \$ Candles, \$ 61250
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit Vallejo 250
 Cert. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced Wm. J. Thanks 100
 Out of town Undertaker's Charges
 Personal Service
 mass 1500
 line Death Notices in Papers 256
 Index
 (Names of Newspapers) Democrat 290
 Examiner 613
 Sales Tax
 Total Footing of Bill \$ 53584
 Less \$ 2375
 Balance \$ 51209

Entered into Ledger, page or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	Received check for 1800 from Gov.		
SIZE <u>6/6</u>	No. <u>1909- H.P.</u>	Cov. <u>87</u>	To Balance Forward		
DESCRIPTION: <u>Sabina Panel & Pillow</u>			Payment		
<u>Full lined Bianca Cr. Velvet</u>			<u>Dec 1 - 48</u>	<u>362 09</u>	
<u>Orange Sr. B & BP.</u>			<u>Jan 11 - 49</u>	<u>180</u>	
HANDLES: <u>7300-6x2-Spt & NT Hds & Corners</u>			" "	<u>542 09</u>	
			" "	<u>30</u>	
			" "	<u>512 09</u>	
			<u>Check # 316 - Credit to Mr. Hall</u>		
			<u>1-11-49</u>		
Names of Lodges			Insurance Companies		

I authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... *November 20* 19*48*
 Name of Deceased... *Hannah O'Connell*
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence... *Castle Apts. Sellers Springs* ☐ Husband ☐ Wife ☐ Widow *Henniss*
 Charge to: *John O'Connell* or... of Age of Husband or Wife (if living) ... Years
 Address... *424 Flood Circle, Aberdeen, La.*
 Order given by... *himself* (or informant)
 How Secured:

State War... *no*
 Home... *no*
 (Social Security Number)
 dress...
 Nov. 20, 1948 about 10:45 P.
 (Date) (Hour)
 Sept. 17, 1876.
 72. 2 3.
 (Years) (Months) (Days)
 Nov. 23 - Tue - 11 P. M.
 (Date) (Day of Week) (Hour)
 by Cross - 87
 rest
 Deceased... *Catholic* (Address)
 Ireland.
 State... *46 yrs.* (or U.S. of City or County) (Years) (Months)
 Castle Apts. Sellers
 Renal failure; Chronic
 Causes... *bulbar*
 physician... *Vernon Silvershield* (or Coroner)
 Santa Rosa, Calif.
 Patrick McCarthy
 Ireland
 ne of Mother... *unknown*
 ace... *Ireland*
 ains to... *Holy Cross*
 ket... *Grey's Ch.* (State Color and Number)

Manufactured by: *S.F.*
 Cemetery } *Holy Cross*
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.
 Diagram of Lot or Vault

Date	Amount Paid	Balance
SIZE 6/3 No. 9389 Cov. 37		
DESCRIPTION: Stephen of Sunray M B & Bp		
HANDLES: # 6-3x0-Hdl		

1/3/49, mailed statement
 Insurance \$... Names of Lodges...
 I hereby authorize the above Funeral, and I hereby represent that I have su
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within... days from date. Interest to accrue from maturity at the rate of... % per annum.
 Witness... Signed...
 Address...

Complete Funeral (except outlays).....	\$ 308 -
Casket.....	
Burial Vault or Box..... (State Kind)	
Embalming Body..... (Name of Embalmer)	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress 15.00 Slip 1.75 Pants 75 Lay 44	17.94
(State Kind and Color)	
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	15.40
Funeral Car, \$..... Ambulance, \$.....	17.50
Limousines to Cemetery @ \$.....	13.50
Extra Limousines @ \$.....	1.75
Autos to R. R. Station @ \$.....	8.50
Getting Remains from.....	4.25
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver Flowers to.....	
Removal Charges.....	
Procuring Burial Permit..... (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Gross Total for Sales Tax.....	
Outlay for Lot... <i>Check to Holy Cross</i>	58.28
Cremation.....	
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- plane Service, \$.....	
or Motor }	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service... <i>Mass</i>	1.50
<i>Priest at Graveside</i>	5.00
...line Death Notices in... Papers	15.00
(Names of Newspapers)	
Sales Tax <i>3.85</i>	
Total Footing of Bill.....	423.07
Less... <i>15.40 30 days</i>	

35

Date	Amount Paid	Balance
To Above Balance.	\$	
SIZE 6/6	No. 1909- H.P.	Cov. 87
DESCRIPTION:	Sabina Panel & Pillow Full lined Bianca Cr.Velvet Orange Sr.B & BP.	
HANDLES:	7300-6x2-Spt & NT Hdls & Corners	
" "		

Received check for \$180⁰⁰ from Gov.
Credit \$50⁰⁰
To Balance Forward \$.....
Payment.....
Decr - 48 \$362 09 \$.....
Jan 11 - 49 \$180 \$.....
" " \$542 09 \$.....
" " \$30 \$.....
" " \$512 09 \$.....
Check # 316 - Credit to Mr. Hall

Compiled by F. J. FEINEMAN, St. Louis, Mo.

37

[illegible]

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 1 19 48

Name of Deceased Mr. Raymond St. Clair White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 2nd St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Bertha
 or of } Age of Husband or Wife (if living) Years

Charge to: Virginia Williams

Address: 2nd St. Sonoma

Order given by above
 (or informant)

How Secured:

If Veteran, State War World War #1

Occupation Retired Doctor
 (Social Security Number)

Employer and Address

Date of Death Dec 1 '48 2:30 AM
 (Date) (Hour)

Date of Birth April 16, 1870

Age 78 7 15
 (Years) (Months) (Days)

Date of Funeral 12/3/48 Friday 2:00 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Fr. A.M. + Dr. Buttum
 (Address)

Religion of the Deceased

Birthplace Frankford, Missouri

Resided in the State 25 yrs
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician

(or Coroner)

His Address

Name of Father Reuben St. Clair

His Birthplace Kentucky

Maiden Name of Mother Aminka Whitney

Her Birthplace unknown

Motor } Remains to
 Ship }

Size of Casket
 (State Color and Number)

Manufactured by:
 Cemetery } Chapel Chimes, Santa Rosa
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 385.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress Clear & Press 68
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 19.25

Door Spray, \$ Gloves, \$ 19.25

Funeral Car, \$ Ambulance, \$ 96.75

Limousines to Cemetery @ \$ 48.25

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation 45

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced Van Ruggles 5.00

Out of town Undertaker's Charges

Personal Service Oakland Tribune 5.00

Dr. Buttum 10.00

line Death Notices in Papers

Van Ruggles 2.88
 (Names of Newspapers)

Radio Tribune 2.56

Sales Tax 4.87

Total Footing of Bill \$ 460.25

Less 19.25 - 30 days \$ 19.25

Balance \$ 441.00

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
12/16/48	To Above Balance			To Balance Forward	
	By Payment			By Payment	
1/9/49	Filed With Gov.		Dec 18 48	on "acc"	291.00
	"		Feb 8 49	" " full	150
	"			" " " "	
	"			" " " "	
	"			" " " "	
	"			" " " "	
	"			" " " "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

39

Total No. Yearly No. Date of Entry Dec 4 1948

Name of Deceased Henley Burdett Simpson
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 161 Buena Vista Ave S E ☐ Husband ☐ Wife ☐ Widow Florence
 or of Age of Husband or Wife (if living) Years

Charge to Estate of J. Wesley Simpson

Address 161 Buena Vista Ave S E

Order given by Above
 (or informant)

How Secured

If Veteran, State War No

Occupation Manufacturers Rep
 (Social Security Number)

Employer and Address

Date of Death Dec 4, 1948 at 11:45 am
 (Date) (Hour)

Date of Birth Feb 18, 1906
 (Date)

Age 41 9 16
 (Years) (Months) (Days)

Date of Funeral Removal 12/10/48 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Howard S. R.
 (Address)

Religion of the Deceased Missionary Baptist

Birthplace Chicago, Ill

Complete Funeral (except outlays) \$ 322 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

No. Dec. 4, 1948

RECEIVED OF Bates & Evans

Waller & \$ 17.46 Cash; Hotel Receipt \$ 4.00 Dollars

Evans Auto Rental Contract; Check book -

Suit Case, & personal effects -

No. Dec 6, 1948

RECEIVED OF Bates & Evans

Dollars

One Ford 4 door Sedan

Car was in possession of Henley Simpson

Chas. B. Evans

and District)

es No.

s or Coroner's)

hapel, \$ \$

ting, \$

Vault, \$

evice, \$

ganist, \$

ervice, \$

rges

Papers

..... \$ 322 -

..... \$

..... \$

or below.

By Payment						By Payment					
<u>Mar 14</u>	<u>letter</u>	\$		\$		"	"	\$		\$	
<u>June 27</u>	"	\$		\$		"	"	\$		\$	
<u>Mar 7, 1950</u>	<u>letter</u>	\$		\$		"	"	\$		\$	
<u>Kruger Attorney</u>	<u>Small Claims Court</u>	\$		\$		"	"	\$		\$	
"	"	\$		\$		"	"	\$		\$	
"	"	\$		\$		"	"	\$		\$	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

[illegible]

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

39

Total No. Yearly No. Date of Entry Dec 4 19 48

Name of Deceased Henley Burdett Simpson
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 101 Buena Vista Ave S F ☐ Husband ☐ Wife ☐ Widow Florence
 or of Age of Husband or Wife (if living) Years

Charge to Estate of J Wesley Simpson

Address 161 Primrose Ave Palo Alto, Cal

Order given by Above -
 (or informant)

How Secured

If Veteran, State War No

Occupation Manufacturers Rep -
 (Social Security Number)

Employer and Address

Date of Death Dec 4, 1948 abt 11:45 AM
 (Date) (Hour)

Date of Birth Feb 18, 1906
 (Date) (Hour)

Age 41 9 16
 (Years) (Months) (Days)

Date of Funeral Removal 12/10/48 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Howard S R
 (Address)

Religion of the Deceased Missionary Alliance

Birthplace Chicago, Ill -

State Ill
 (or U. S. of City or County) (Years) (Months)

h. Sonoma Mission Inn
 (State Number and District)

th.
 (State Physician's or Coroner's)

Causes.

Physician Vernon Silver Shield
 (or Coroner)

er. Santa Rosa, Calif

e. Ray Brantley Simpson

e of Mother Seabury, Ark

ce. Elizabeth Henley

ins to Independence, Mass

ket. Juscon, Ariz -
 (State Color and Number)

ed by # 954 Silver Casket
Golden State Casket
Juscon Ariz

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 322 -

Casket

Burial Vault or Box
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Out of State -

Total Footing of Bill \$ 322 -

Less \$

Balance \$

Entered into Ledger, page or below.

	Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance		\$		To Balance Forward		\$
By Payment	\$	\$		By Payment	\$	\$
<u>Mar 14 Letter</u>	\$	\$		" "	\$	\$
<u>June 27 " "</u>	\$	\$		" "	\$	\$
<u>Mar 7, 1950 " Letter</u>	\$	\$		" "	\$	\$
<u>Krueger Attorney Small Claims Court</u>	\$	\$		" "	\$	\$
" "	\$	\$		" "	\$	\$
" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec 9 1948

Name of Deceased Nellie H. Howard
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence First Sonoma Cal Verano ☐ Husband ☐ Wife ☐ Widow } Charles
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs Alice Aft

Address 331-2nd St Twin Falls Idaho

Order given by above
 (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Dec 9, 1948 4 9 M.
 (Date) (Hour)

Date of Birth July 16, 1864
 (Date) (Month) (Day)

Age 84 4 23
 (Years) (Months) (Days)

Date of Funeral Dec 10 - 2nd 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman

Religion of the Deceased Pentecostal (Address)

Birthplace St Paul, Minnesota

Resided in the State 40 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death myocardial failure acute

Contributory Causes Carcinoma of stomach

Certifying Physician Wm J Newman MD
 (or Coroner)

His Address Sonoma Cal

Name of Father Robert Halgate

His Birthplace England

Maiden Name of Mother Mary Hayes

Her Birthplace St John New Brunswick

Motor } Remains to
 Ship }

Size of Casket
 (State Color and Number)

Manufactured by A 7

Cemetery } Chapel of the Chimes S R
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 1.95

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot \$ 45 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
minister themselves
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax \$ 2.44
 Total Footing of Bill \$ 242.44
 Less \$ 9.75
 Balance \$ 232.69

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... Dec 13 1948

Name of Deceased Mamie E. Foley (What Race) W.

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Elverano ☐ Husband ☐ Wife ☐ Widow } Michael
 or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Mrs. Kathleen Limneop

Address: San Del Elverano, Calif

Order given by: herself (or informant)

How Secured:.....

If Veteran, State War no

Occupation: at home (Social Security Number) no

Employer and Address

Date of Death: Dec. 13, 1948 10:50 PM (Date) (Hour)

Date of Birth: July 24, 1871

Age: 77 4 19 (Years) (Months) (Days)

Date of Funeral: Dec 17, Fri 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman:..... (Address)

Religion of the Deceased: Catholic

Birthplace: San Francisco

Resided in the State: Calif (or U. S. or City or County) (Years) (Months)

Place of Death: Napa State Hospital

Cause of Death: Chronic Myocarditis

Contributory Causes: Arteriosclerosis

Certifying Physician: George L. M. D. (or Coroner)

His Address: Napa Hospital State

Name of Father: Thomas Hackett

His Birthplace:.....

Maiden Name of Mother:.....

Her Birthplace:.....

Motor } Remains to.....
 Ship }

Size of Casket:..... (State Color and Number)

Manufactured by: 57

Cemetery } Catholic Cem. Sonoma
 Crematory }

Lot No.....
 Grave No.....
 Section No.....
 Block No.....
 Owner.....

Complete Funeral (except outlays)..... \$ 180

Casket.....

Burial Vault or Box..... (State Kind) 15

Embalming Body..... (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress 13.50 underwear 4.25 2445 18.20 (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$..... 9.00

Funeral Car, \$..... Ambulance, \$..... 1.50

Limousines to Cemetery..... @ \$..... 1.75

Extra Limousines..... @ \$..... 12.25

Autos to R. R. Station..... @ \$..... 12.25

Getting Remains from..... 6.13

Taking Remains to..... 88

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit..... (State Number and District)

Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax..... \$

Outlay for Lot:..... 1 Grave 25

Cremation.....

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb..... 25

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero-
 or Motor } plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced..... Mass 15.00

Out of town Undertaker's Charges.....

Personal Service..... Index Tribune 2.56

..... 1.00

..... line Death Notices in..... Papers

..... 2 days 7 news (Names of Newspapers) 12.48

..... 2 days Examiner

Sales Tax..... 263

Total Footing of Bill..... \$ 296.87

Less 9.75..... \$ 9.75

Balance..... \$ 287.12

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Dec 20</u>	<u>Took Statement</u>				
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Address.....

Witness.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec 19 19 48

Name of Deceased Joseph Lester Small W
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence East Napa, Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Charge to Mrs Catherine Bulotti, Sonoma or of } Age of Husband or Wife (if living) Years

Address.....

Order given by..... (or informant)

How Secured:

If Veteran, State War no

Occupation Justice of Peace (Social Security Number) na

Employer and Address

Date of Death Dec 19, 1948 1:10 9 M (Date) (Hour)

Date of Birth Jan 30, 1886 (Date) (Hour)

Age 62 (Years) 10 (Months) 19 (Days)

Date of Funeral Dec 21, Tue 9:30 9 M (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Glen Ellen, Calif

Resided in the State Calif (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes.....

Certifying Physician A. K. McBrath, M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father Joseph Boyd Small

His Birthplace Baltimore, Maryland

Maiden Name of Mother Emma A. Apple

Her Birthplace Schellville, Calif

Motor } Remains to
Ship }

Size of Casket 19.0 x 9.0 - Con. 77 - (State Color and Number)

Manufactured by S. F.

Cemetery } Mt. Cem. Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 460 -

Casket \$ 15 -

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges.....

Procuring Burial Permit..... (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: Cleaning \$ 5.00

Cremation.....

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb.....

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges.....

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service.....

..... line Death Notices in Papers
Index Tribune
 (Names of Newspapers)
Evening Press

Sales Tax \$ 6.13

Total Footing of Bill \$ 569.46

Less 23.75 - 30 days \$ 23.75

Balance..... \$ 545.71

Entered into Ledger, page or below.

1/18/49 - Statement -
 SIZE 6/6 No. 1909- H.P. Cov. 37

DESCRIPTION:
 Cabina Panel & Pillow
 Full lined Bianca Cr. Velvet
 Eggshell or B & Bp
 HANDLES:
 7300-6x2-Spt & MT Hils & Corners

Funeral, Cypress Lawn Memorial Park,
 SMALL - In Sonoma, Calif., Dec. 19, 1948,
 Judge Joseph Lester Small, dearly be-
 loved son of Mrs. Emma A. Small and
 the late Joseph B. Small, beloved brother
 of Mrs. Catherine Bulotti, Mrs. Gladys
 Kerner and Mrs. Bernice Sholden, all
 of Sonoma; a native of California, aged
 62 years, Justice of Peace of Sonoma
 Township and a member of Sonoma Par-
 lor No. 11, N. S. G. W.
 Friends and acquaintances are respect-
 fully invited to attend the funeral serv-
 ices Tuesday, Dec. 21, at 9:15 a. m.,
 from the Chapel of Bates & Evans, So-
 noma, Calif., thence to St. Francis
 Church, where a Requiem Mass will be
 offered for the repose of his soul, com-
 mencing at 9:30 a. m. Interment, Moun-
 tain Cemetery, Sonoma, Calif. Rosary
 will be recited Monday evening at 8
 o'clock.

SAVING - In the City of Sonoma, Dec. 17, 1948,
 W. J. FEINEMAN, Notary Public.

Names of
 Agents.....

Insurance
 Companies.....

I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 annum.

Signed.....

Address.....

21 lines

RECORD OF FUNERAL

43

Total No. Yearly No. Date of Entry Dec 20 1948

Name of Deceased Kathleen Anne Herbert White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: James A. Herbert

Address: Berkeley, Calif.

Order given by: above (or informant)

How Secured:

If Veteran, State War

Occupation none (Social Security Number)

Employer and Address

Date of Death Dec 20-48 5:55 P.M. (Date) (Hour)

Date of Birth March 31-1948 (Date) (Month) (Day)

Age 0 8 19 (Years) (Months) (Days)

Date of Funeral 12-21-48 Tues 4 P.M. (Date) (Day of Week) (Hour)

Services at: none

Clergyman: none (Address)

Religion of the Deceased

Birthplace

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Broncho-Pneumonia

Contributory Causes primary

Certifying Physician J. Williams M.D. (or Coroner)

His Address: Sonoma State Home

Name of Father James A. Herbert

His Birthplace Hollister, Calif.

Maiden Name of Mother Virginia Klaus

Her Birthplace Virginia City, Nevada

Motor } Remains to
 Ship }

Size of Casket 30 (State Color and Number)

Manufactured by S.F.C.C.

Cemetery } Catholic
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 60.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 3.00

Dressing Body, \$ Underwear, \$ 3.00

Suit or Dress (State Kind and Color) 1.50

Slippers, \$ Hose, \$.75

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 15.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 12.50

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

(Names of Newspapers)

Sales Tax75

Total Footing of Bill \$ 88.25

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>12-21-48</u>	<u>On full</u>	<u>88.25</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry *Dec 22* 19*48*

Name of Deceased *John Volk*
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence *15 Venus St*
Charge to *Louis Thomas Volk*
Address *Paulroad + Maple Ave. Ed. Vernon*
Order given by (or informant)

How Secured:
If Veteran, State War *no*
Occupation *Polisher/Buffer* *05-05-1529* (Social Security Number)

Employer and Address
Date of Death *Dec 22, 1948* - *4 P M* (Date) (Hour)

Date of Birth *Oct 19, 1885* (Date) (Hour)

Age *63* (Years) *2* (Months) *3* (Days)

Date of Funeral *Dec 27 - Mon* *9:30 A M* (Date) (Day of Week) (Hour)

Services at *St. Francis*

Clergyman: (Address)

Religion of the Deceased *Catholic*

Birthplace *Brooklyn, N. Y.*

Resided in the State *24 years* (or U. S. or City or County) (Years) (Months)

Place of Death *Laguna Honda Home*

Cause of Death *Cerebral Vascular Accident*

Contributory Causes *Atherosclerotic Cardiac Vascular disease*

Certifying Physician *Robert L. Miller* (or Coroner)

His Address *Laguna Honda Home*

Name of Father *Louis Thomas Volk*

His Birthplace *N. Y.*

Maiden Name of Mother *Margaret Helberman*

Her Birthplace *N. Y.*

Motor } Remains to
Ship }

Size of Casket (State Color and Number)

Manufactured by *S. F.*

Cemetery } *Catholic Cem. Sonoma*
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ *220*

Casket
Burial Vault or Box (State Kind) *15*

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress (State Kind and Color) *11.00*

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from: *3.12*

Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot: *1st grade* *25*

Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb *25*

Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service *Mass* *15.00*

Casket Spray *15.00*

line Death Notices in Papers
..... (Names of Newspapers) *2.00*

Sales Tax *Permit* *1.00*

Total Footing of Bill \$ *321.13*

Less *11.75 - 30 days* \$ *11.75*

Balance \$ *309.38*

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<i>12/30/48</i>	<i>Look statement</i>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry. Nov 19 1944	
Name of Deceased. <u>Robert C. O'Connor</u>				(What Race)	
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced					
Residence: <u>Elverano, Calif.</u>		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow		or of } Age of Husband or Wife (if living) Years	
Charge to: <u>Stephen O'Connor</u>					
Address: <u>San Del Elverano</u>					
Order given by: <u>above</u>		(or informant)			
How Secured:					
If Veteran, State War: <u>World War I</u>					
Occupation: <u>Soldier</u>		(Social Security Number)			
Employer and Address: <u>U.S.A.</u>					
Date of Death: <u>Dec 1944</u>		(Date) (Hour)			
Date of Birth: <u>July 7, 1924</u>		(Date) (Hour)			
Age: <u>20</u> <u>4</u> <u>2</u>		(Years) (Months) (Days)			
Date of Funeral: <u>Dec 28 - Tue 9:30 A.M.</u>		(Date) (Day of Week) (Hour)			
Services at: <u>St. Francis</u>					
Clergyman:		(Address)			
Religion of the Deceased: <u>Catholic</u>					
Birthplace: <u>Calif</u>					
Resided in the State:		(or U. S. or City or County) (Years) (Months)			
Place of Death: <u>Germany</u>					
Cause of Death:					
Contributory Causes:					
Certifying Physician:		(or Coroner)			
His Address:					
Name of Father: <u>Stephen O'Connor</u>					
His Birthplace:					
Maiden Name of Mother: <u>Nelia</u>					
Her Birthplace:					
Motor } Remains to Ship }					
Size of Casket: <u>Government Casket</u>		(State Color and Number)			
Manufactured by:					
Cemetery } <u>Mt. Carmel Sonoma, Calif.</u>		Crematory }			

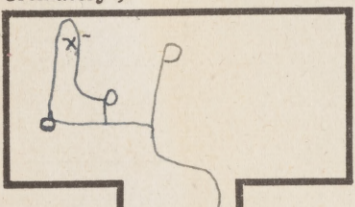


Diagram of Lot or Vault

Lot No.	
Grave No.	
Section No.	
Block No.	
Owner.	

Complete Funeral (except outlays) \$ Casket Burial Vault or Box (State Kind) Embalming Body (Name of Embalmer) Barber, \$..... Hair Dressing, \$..... Dressing Body, \$..... Underwear, \$..... Suit or Dress (State Kind and Color) Slippers, \$..... Hose, \$..... Folding Chairs, \$..... Tarpaulin, \$..... Candelabrum, \$..... Candles, \$..... Door Spray, \$..... Gloves, \$..... Funeral Car, \$..... Ambulance, \$..... Limousines to Cemetery @ \$..... Extra Limousines @ \$..... Autos to R. R. Station @ \$..... Getting Remains from Taking Remains to Trip to Coroner's Inquest Delivering Box to Deliver Flowers to Removal Charges Procuring Burial Permit (State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$..... Use of Chapel, \$..... Gross Total for Sales Tax \$ Outlay for Lot: <u>2</u> <u>plots</u> @ <u>2.00</u> \$ Cremation Flowers, \$..... Palms, \$..... Matting, \$..... Rental of Tent, \$..... of Temporary Vault, \$..... Opening of Grave or Tomb Lining Grave, \$..... Lowering Device, \$..... Outlay for Shipping Charges Clergyman, \$..... Singers, \$..... Organist, \$..... Railroad } Tickets, \$..... Aero- or Motor } plane Service, \$..... Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges Personal Service: <u>Mass</u> line Death Notices in Papers <u>Index Tribune</u> (Name of Newspaper) Sales Tax <u>on gloves</u> Total Footing of Bill \$ Less \$ Balance \$ Entered into Ledger, page or below.	5 00 500 500 200 1250 6 00 4 00 56 00 15 00 1 50 7 98 13 95 61
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Date		Amount Paid	Balance	Date		Amount Paid	Balance
2006	To Above Balance.....	\$			To Balance Forward	\$	
	By Payment.....	\$			By Payment.....	\$	
" "		\$			" "	\$	
" "		\$		Feb. 3, 1949	" " fuel	\$ 9.50	31
" "		\$			" " oil	\$	
" "		\$			" "	\$	
" "		\$			" "	\$	
" "		\$			" "	\$	
" "		\$			" "	\$	
" "		\$			" "	\$	

No. 343 received at
CONNOR—In Germany, 19, 1944.
 Sgt. Robert C. O'Connor dearly beloved son of Stephen and Della O'Connor of El Verano beloved brother of Mrs. Maureen Perazza of Sonoma, Mrs. Grace O'Connor of El Verano, and Thomas O'Connor of San Francisco; a native of California, aged 20 years.

Friends and acquaintances are respectfully invited to attend the funeral services Tuesday, Dec. 28, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis where Requiem Mass will be celebrated.

O'CONNOR—In Germany, Nov. 19, 1944. St. Robert C. O'Connor, dearly beloved son of Stephen and Delia O'Connor of El Verano beloved brother of Mrs. Maureen Perazza of Sonoma, Mrs. Grace O'Connor of El Verano, and Thomas O'Connor of San Francisco; a native of California, aged 20 years.

Friends and acquaintances are respectfully invited to attend the funeral services Tuesday, Dec. 28, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Cemetery, where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, Mountain Cemetery Sonoma, Calif. Rosary will be recited Monday evening at 8 o'clock.

PIPPUS—In this city, Dec. 24, 1948.


for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness.....

Address.....

19 lines.

RECORD OF FUNERAL

Total No.....	Yearly No.....	Date of Entry.....	Dec 28 1948
Name of Deceased.....	Clara M. Johnson		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			
Residence.....	2362 E. 23rd St Oakland -		
Charge to.....	Mrs Lucille Meiring		
Address.....	Above -		
Order given by.....	(or informant)		
How Secured.....			
If Veteran, State War.....	no		
Occupation.....	At home		
Employer and Address.....			
Date of Death.....	Dec 28 - 1948 12:30 PM		
Date of Birth.....	July 4, 1885		
Age.....	63 5 24		
Date of Funeral.....	Dec 30 - Thurs - 2:30 P.M.		
Services at.....	Chapel -		
Clergyman.....	Red Todd Sonoma		
Religion of the Deceased.....			
Birthplace.....	Oregon		
Resided in the State.....	36 years		
Place of Death.....	Seminary Convalence Home		
Cause of Death.....			
Contributory Causes.....			
Certifying Physician.....	O. C. Beeman M.D.		
His Address.....	7919 McArthur Oakland		
Name of Father.....	Jack Williams		
His Birthplace.....			
Maiden Name of Mother.....	Wally Waldron		
Her Birthplace.....	Virginia		
Motor } Remains to			
Ship }			
Size of Casket.....	(State Color and Number)		
Manufactured by.....	S.F.		
Cemetery } Mt Cem. Sonoma, Calif.			
Crematory }			
			
Lot No.....			
Grave No.....			
Section No.....			
Block No.....			
Owner.....			

Complete Funeral (except outlays).....	\$ 378 -
Casket.....	
Burial Vault or Box.....	15 -
Embalming Body.....	
Barber, \$.....	Hair Dressing, \$.....
Dressing Body, \$.....	Underwear, \$.....
Suit or Dress.....	Slippers, \$.....
Folding Chairs, \$.....	Hose, \$.....
Candelabrum, \$.....	Tarpaulin, \$.....
Door Spray, \$::.....	Candles, \$.....
Funeral Car, \$.....	Gloves, \$.....
Limousines to Cemetery..... @ \$.....	Ambulance, \$.....
Extra Limousines..... @ \$.....	
Autos to R. R. Station..... @ \$.....	
Getting Remains from:..	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver Flowers to.....	
Removal Charges.....	
Procuring Burial Permit.....	
Certif. Copies of Death Certificates No.....	
Pall Bearer Service, \$....	Use of Chapel, \$....
Gross Total for Sales Tax.....	\$.....
Outlay for Lot:.....	
Cremation.....	
Flowers, \$.....	Palms, \$::... Matting, \$.....
Rental of Tent, \$.... of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$.....	Lowering Device, \$.....
Outlay for Shipping Charges.....	
Clergyman, \$.....	Singers, \$.... Organist, \$.....
Railroad } Tickets, \$.....	Aero-plane Service, \$.....
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
line Death Notices in..... Papers.....	
Flowers.....	
Sales Tax.....	
Total Footing of Bill.....	\$ 512.90
Less.....	
Balance.....	\$.....
Entered into Ledger, page..... or below.	

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 12, 1949	To Above Balance			To Balance Forward	
Sept 21, 1949	By Payment		12-29-48	By Payment	
Jan 13, 1950	Letter			on acc	280.00
March 9, 1950	Letter		July 10, 1950	on acct.	162.90
			Sept 16, 1950	" " "	40.00
			Oct 26, 1950	on acct	20.00
			Nov 13, 1950	on acct	20.00
					20.00

DESCRIPTION:

Gift of Wht stanwyx,
Dark pink domet backing
Lined 1/2 way

HANDLES:

COV. 285

HANDLES:

444 3X0 Sea Foam Hdles

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness

Address

March 23, 1950 Claim to Attorney -

RECORD OF FUNERAL

47

Total No. Yearly No. Date of Entry Dec 31 1948

Name of Deceased Maud May Bookmiller
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: Beloit, Iowa ☐ Husband ☐ Wife ☐ Widow John Henry
 or of Age of Husband or Wife (if living) Years

Charge to: Mrs. Nela Broscha

Address: NS NCS - Skaggs Island

Order given by: Above
 (or informant)

How Secured:

If Veteran, State War No

Occupation: at home - 503-03-8746
 (Social Security Number)

Employer and Address

Date of Death: Dec 31, 1948 1 P.M.
 (Date) (Hour)

Date of Birth: Feb 15, 1887

Age: 61 10 16
 (Years) (Months) (Days)

Date of Funeral: Jan 1 - Sat 8:30 P.M.
 (Date) (Day of Week) (Hour)

Services at:

Clergyman: (Address)

Religion of the Deceased

Birthplace: Beloit, Iowa

Resided in the State: 6 mos
 (or U. S. or City or County) (Years) (Months)

Place of Death: Community Hospital

Cause of Death: See Cert

Contributory Causes

Certifying Physician: Carroll B. Andrews, M.D.
 (or Coroner)

His Address: Sanoma, Calif

Name of Father: Daniel Sullivan

His Birthplace: unk

Maiden Name of Mother: Mary Jones

Her Birthplace: unk

Motor } Remains to
 Ship }

Size of Casket: metal 2c
 (State Color and Number)

Manufactured by: S.F.

Cemetery } Hudson South Dakota
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 645

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

___ Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Out of State -

Total Footing of Bill \$ 645

Less 32.25 - 30 days \$ 32.25

Balance \$ 612.75

Entered into Ledger, page or below.

Date	Amount Paid	Balance
	Balance Forward	\$
	Payment	\$
	<u>Jan 17 - 49</u>	<u>612.75</u>
	"	\$
	"	\$
	"	\$
	"	\$
	"	\$
	"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

[illegible]

.....
 m Name of Funeral Directors.)
 from date. Interest to accrue from

Signed.....

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

651³₂₄

No. _____ Jan _____ 1949

RECEIVED OF Bates & Evans.

discharge papers for _____ Dollars

Charles W. Carroll Jr. Deceased.

\$ _____ Philipso Eselin

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec. 31 19 48

Name of Deceased Gus Zappas
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: Elvertans, Calif. ☐ Husband ☐ Wife ☐ Widow Edna 44
 or of } Age of Husband or Wife (if living) Years

Charge to Edna Zappas

Address Sonoma State Home Employees

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Foreman 556-19-9386 (Social Security Number)

Employer and Address Van Hoosen

Date of Death Dec. 31, 1948 7:35 A.M. (Date) (Hour)

Date of Birth August 30, 1891 (Date) (Month) (Day)

Age 57 (Years) 4 (Months) 1 (Days)

Date of Funeral Jan 3 - Mon 10 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Greek Orthodox 87 (Address)

Religion of the Deceased

Birthplace Greece

Resided in the State 38 years (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Coronary Occlusion

Contributory Causes

Certifying Physician Wm. Newman M.D. (or Coroner)

His Address Sonoma

Name of Father

His Birthplace Greece

Maiden Name of Mother

Her Birthplace Greece

Motor } Remains to
 Ship }

Size of Casket Large (State Color and Number)

Manufactured by S7

Cemetery } mt Cem Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No. Grave No. Section No. Block No. Owner

Complete Funeral (except outlays) \$ 370 -

Casket \$ 175 -

Burial Vault or Box Steel (State Kind) \$ 175 -

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: 1 Post \$ 2.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 55 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Priest 15 church \$ 25.00
music \$ 5.00
 line Death Notices in Papers
Democrat \$ 2.00
Index Tribune \$ 2.56
 Sales Tax \$ 9.00
 Total Footing of Bill \$ 628.56
 Less 29.25 - 30 days \$ 651.56
discount \$ 81.75
 Balance \$ 569.81
 Entered into Ledger, page or below.

Date	Statement	Amount Paid	Balance	Date
1/8/49	To Above Balance		\$	
	By Payment	\$	\$	
	" "	\$	\$	
	" "	\$	\$	
	" "	\$	\$	
	" "	\$	\$	
	" "	\$	\$	
	" "	\$	\$	

Insurance \$ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient for the payment of aforesaid sum, and I hereby covenant and agree to pay the same maturity at the rate of % per annum.

Witness

RECORD OF FUNERAL

49

Total No. Yearly No. Date of Entry Jan 1 1949

Name of Deceased Charles H. Carroll Jr. (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 2 Box 134 - Sonoma ☐ Husband ☐ Wife ☐ Widow Nancy

Charge to Mrs. Nancy Turner Carroll or of Age of Husband or Wife (if living) Years

Address above

Order given by (or informant)

How Secured

If Veteran, State War World War 2

Occupation Retired Dist Supt (Social Security Number)

Employer and Address Western Union

Date of Death Jan 1, 1949 8:25 A.M. (Date) (Hour)

Date of Birth Nov 21, 1905

Age 43 (Years) (Months) (Days)

Date of Funeral Jan 4 - Tue 8:30 P.M. (Date) (Day of Week) (Hour)

Services at Atlanta Georgia

Clergyman (Address)

Religion of the Deceased

Birthplace Jonica, Miss

Resided in the State Lo. Mo. (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif

Name of Father Charles H. Carroll

His Birthplace

Maiden Name of Mother Ferguson

Her Birthplace

Motor } Remains to
Ship }

Size of Casket 95 H. Box 134 - NP (State Color and Number) Expenses to Atlanta Ga

Manufactured by Golden State

Cemetery } Atlanta Georgia
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 322

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers (Names of Newspapers)

Sales Tax out of State

Total Footing of Bill \$ 490 14

Less

Balance \$

Entered into Ledger, page or below.

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$		To Balance Forward	\$
By Payment	\$	\$		By Payment	\$
" "	\$	\$	1-3-49	By "W. H. Turner"	\$
" "	\$	\$		By "Brother"	\$
" "	\$	\$		By "Widow"	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$

Names of Lodges Insurance Companies

I authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

Payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry Jan 6 1949	
Name of Deceased Robert A. Sevier		Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		(What Race) W	
Residence 25 Madera Rd. Bayes Springs		Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow <input type="checkbox"/>		Age of Husband or Wife (if living) 61 Years	
Charge to James Harrison		Address		Order given by above (or informant)	
How Secured		If Veteran, State War		Occupation Retired Carpenter (Social Security Number)	
Employer and Address		Date of Death Jan 6 1949 6:10 AM (Date) (Hour)		Date of Birth Sept (unk.) 1865 (Years) (Months) (Days)	
Age 84		Date of Funeral 1-10-49 Monday 9:15 AM (Date) (Day of Week) (Hour)		Services at St. Francis Church	
Clergyman Father Roberto (Address)		Religion of the Deceased Catholic		Birthplace Tennessee	
Resided in the State (or U. S. or City or County) (Years) (Months)		Place of Death Sonoma		Cause of Death Coronary Thrombosis	
Contributory Causes Chronic Myocarditis		Certifying Physician W. B. Price M.D. (or Coroner)		His Address Sonoma	
Name of Father Unknown		His Birthplace Unknown		Maiden Name of Mother Unknown	
Her Birthplace Unknown		Motor Ship } Remains to Grey Box # 9405 (State Color and Number)		Size of Casket	
Manufactured by		Cemetery } Mt. Cemetery Sonoma		Crematory }	
Diagram of Lot or Vault		Lot No.		Grave No.	
Section No.		Block No.		Owner	
Complete Funeral (except outlays) \$ 220.00		Casket		Burial Vault or Box	
Embalming Body		Barber, \$		Hair Dressing, \$	
Dressing Body, \$		Underwear, \$		Suit or Dress	
Slippers, \$		Hose, \$		Folding Chairs, \$	
Tarpaulin, \$		Candelabrum, \$		Candles, \$	
Door Spray, \$		Gloves, \$		Funeral Car, \$	
Ambulance, \$		Limousines to Cemetery @ \$		Extra Limousines @ \$	
Autos to R. R. Station @ \$		Getting Remains from		Taking Remains to	
Trip to Coroner's Inquest		Delivering Box to		Deliver Flowers to	
Removal Charges		Procuring Burial Permit		Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$		Use of Chapel, \$		Gross Total for Sales Tax \$	
Outlay for Lot		Cremation		Flowers, \$	
Palms, \$		Matting, \$		Rental of Tent, \$	
of Temporary Vault, \$		Opening of Grave or Tomb		Lining Grave, \$	
Lowering Device, \$		Outlay for Shipping Charges		Clergyman, \$	
Singers, \$		Organist, \$		Railroad } Tickets, \$	
Aero-plane } Service, \$		Telegr., Phone, Cable or Radio Charges		Cash Advanced	
Out of town Undertaker's Charges		Personal Service		Mass	
line Death Notices in		Papers		Total Footing of Bill \$ 306.63	
Less		Balance \$		Entered into Ledger, page	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 12 -	Statement to James Harrison				
To Above Balance		\$.	To Balance Forward		\$.

SIZE 6/3 No. 9405- Slip cap COV. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES:

382-Hd78

Insurance \$	Names of Lodges	Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum. Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL about

Total No. Yearly No. Date of Entry Jan 10 1949

Name of Deceased John Barnard O'Brien
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Irish

Residence: near Elverano, Calif.
☐ Husband ☐ Wife ☐ Widow } Lidia Bessie
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Violet Swett

Address: 754-23rd Ave. Apt. 21

Order given by: above (or informant)

How Secured:

If Veteran, State War no

Occupation: Well driller 545-22-2079 (Social Security Number)

Employer and Address

Date of Death: Jan 10, 1949 (Date) (Hour)

Date of Birth: Oct 1, 1880 (Date) (Hour)

Age: 68 (Years) (Months) (Days)

Date of Funeral: Jan 15, 1949 (Date) (Day of Week) (Hour) M.

Services at: Chapel

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace: San Francisco

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Elverano Rural

Cause of Death:

Contributory Causes:

Certifying Physician: Vernon Silvershield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father: Joseph O'Brien

His Birthplace:

Maiden Name of Mother: Lidia Bessie

Her Birthplace:

Motor } Remains to
Ship }

Size of Casket: (State Color and Number)

Manufactured by: 57

Cemetery } Catholic
Crematory }

Lot No.
Grave No.
Section No.
Block No.
Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 1.80
Casket	
Burial Vault or Box	1.5
Embalming Body	
Barber, \$	
Hair Dressing, \$	2.5
Dressing Body, \$	
Underwear, \$	2.6
Suit or Dress	18.24.45
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	25.00
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	25.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	15.00
Casket spray	10.00
line Death Notices in	
Papers	
Pall Bearer furnished by Percy	2.00
Sales Tax	2.63
Total Footing of Bill	29.53.9
Less 10.65 - 30 days	10.65
Balance	28.47.4
Entered into Ledger, page	or below

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 15	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	"		Jan 15 49	" In full	28.47.4
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	Jan 12 1949
Name of Deceased	Charles	Rubie	W.
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced			(What Race)
Residence	118 Monterey St. Vallejo	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow	Ester
Charge to	Mrs. Anita Harris Ludwig	or	Age of Husband or Wife (if living) Years
Address	331 Illinois St. Vallejo		
Order given by	Abade		
How Secured	Chisum & Dickey		
If Veteran, State War	No		
Occupation	State Civil Service Unit		
Employer and Address			
Date of Death	Jan 12, 1949	7:30 P.M.	
Date of Birth	Dec 19, 1875		
Age	73	0	25
Date of Funeral	Jan 15 - Sat	11 A.M.	
Services at	Chapel		
Clergyman	C.C. Champlin		
Religion of the Deceased			
Birthplace	Germany		
Resided in the State	64 years		
Place of Death	Vallejo, Calif.		
Cause of Death	Gastric Carcinoma		
Contributory Causes	See Cert.		
Certifying Physician	H. Wm. Mills M.D.		
His Address	Vallejo, Calif.		
Name of Father			
His Birthplace	Germany		
Maiden Name of Mother			
Her Birthplace	Germany		
Motor Ship	Remains to		
Size of Casket	Chisum & Dickey		
Manufactured by			
Cemetery	Mountain Cem. Sonoma		
Crematory			
Diagram of Lot or Vault			
Lot No.			
Grave No.			
Section No.			
Block No.			
Owner			
Chapel & personal services		50	00
Complete Funeral (except outlays)			
Casket		15	00
Burial Vault or Box			
Embalming Body			
Barber, \$			
Dressing Body, \$			
Suit or Dress			
Slippers, \$			
Folding Chairs, \$			
Candelabrum, \$			
Door Spray, \$			
Funeral Car, \$			
Limousines to Cemetery			
Extra Limousines			
Autos to R. R. Station			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit		4	00
Certif. Copies of Death Certificates			
Pall Bearer Service, \$			
Gross Total for Sales Tax			
Outlay for Lot			
Cremation			
Flowers, \$			
Rental of Tent, \$			
Opening of Grave or Tomb		6	30
Lining Grave, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Railroad or Motor			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in		10	00
Papers			
Index		7	50
Index		2	56
Sales Tax			
Total Footing of Bill		161	09
Less			
Balance			
Entered into Ledger, page			

[illegible]

Insurance \$ Names of
Lodges Insurance
Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

55

RECEIVED OF

Jan 15 1949
Bates & Evans
Dollars

Wallet, Wrist Watch, Radio, Robe
Shaving Kit, Mirror and papers.

X Leola M. Ingle

A many thanks very
Permission for a
postmortem examination
on Mr. Jess Ingle.

Witnesses Signers
 Mrs. Jack Scribner Letitia M. Ingle
 Jack Scribner.

Registry No. 6961

..M.D.

Size of Casket..... *Laupe*
(State Color and Number)

Manufactured by *S.F.* (State Color and Number)
 Cemetery } *Mt. Cemetery Sonoma*
 Crematory }

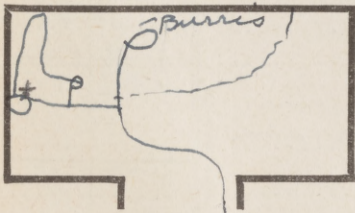


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Personal Service	5 00	
Music Sam R		
Basket Spray	25 00	
line Death Notices in		
Papers		
Democrat	2 00	
(Names of Newspapers)		
Examiner	5 46	
Quincy Hamilton Rev		
Sales Tax	5 00	
Total Footing of Bill	\$ 48 8	46
Less 19.25 - 30 days	\$ 10	
Balance	\$ 49 8	46
Entered into Ledger, page		or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
2/1/49 statement			To Balance Forward	Bal- 1956	98 46
6/6	No. 9585- H.P.	Cov. 448	By Payment	Pd 1-13	10 -
DESCRIPTION:	Reg letter -		Feb 15	1.00	
Atlas Panel & Pillow				50 -	
Full lined Seville Crepe			now 14.19	50	
Sr B & Bp			Dec 20	50	
37-3x0-Bronze Hds			Jan 31	50	

SIZE *11/44* No. *9585- H.P.* Cov. *448*
6/6
 DESCRIPTION: *Reg Lett -*
Atlas Panel & Pillow
Full lined Seville Crepe
Sr B & Bp
 HANDLES:
37-3x0-Bronze Hdls

INGLE—Near Sonoma, Jan. 14, 1949, Jess Ingle, dearly beloved husband of Letitia M. Ingle of Glen Ellen, beloved father of Jack Ingle of San Francisco and Harry Ingle of Mill Valley, loving brother of Mrs. Daisy Henderson of Santa Rosa and Ray Ingle of Santa Cruz; a native of California, aged 64 years.

Friends are invited to attend the funeral services Monday, Jan. 17, at 3 p. m., from the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mountain Cemetery, Sonoma.

Names of
Lodges.....

Feb 20, 1950
May 3, 1950
Sept 18, 1950

Insurance
Companies.....

50
50

I, and I hereby represent that I have sufficient resources legally available to.....
(Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
.% per annum.

Signed.....

Address.....

Address..

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 12 1949

Name of Deceased Charles Rubie
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: 118 Monterey St. Vallejo ☐ Husband ☐ Wife ☐ Widow Ester
 Charge to: Mrs. Anita Harris Ludwig or of Age of Husband or Wife (if living) Years

Address: 331 Illinois St. Vallejo

Order given by Above
 How Secured Chasism + Dickey (or informant) (State Kind)

If Veteran, State War No

Occupation State Civil Service unit (Social Security Number)

Employer and Address

Date of Death Jan 12, 1949 7:30 P.M. (Date) (Hour)

Date of Birth Dec 17, 1875

Age 73 (Years) 0 (Months) 0 (Day)

Date of Funeral Jan 15 Sat (Date) (Day of Week)

Services at Chapel

Clergyman C.C. Champlin (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State 64 years (or U. S. or City or County) (Years)

Place of Death Vallejo, Calif.

Cause of Death Gastric Carcinoma

Contributory Causes see Cert.

Chapel + personal services
 Complete Funeral (except outlays) \$ 50.00

Casket \$ 15.00

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$
 Condolence

Certifying Physician H. W. Mills, M.D. (or Coroner)

His Address Vallejo, Calif.

Name of Father

His Birthplace Germany

Maiden Name of Mother

Her Birthplace Germany

Motor } Remains to
 Ship }

Size of Casket Chasism + Dickey (State Color and Number)

Manufactured by

Cemetery Mountain Cem. Sonoma
 Crematory



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 63.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Ren Champlin 10.00
 line Death Notices in Papers
San Francisco Times 7.50
Index Tribune 2.56
 Sales Tax Lat on Box 53
 Total Footing of Bill \$ 161.09
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 15	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness

RECORD OF FUNERAL

55

Total No. Yearly No. Date of Entry Jan 14 19 49
 Name of Deceased Jesse Albert Ingle W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W.
 Residence Glen Ellen, Calif. ☐ Husband ☐ Wife ☐ Widow Letitia
 Charge to Mrs. Letitia Ingle or of Age of Husband or Wife (if living) Years
 Address new address
 Order given by 1307-3rd ave - 87 (or informant)
 How Secured
 If Veteran, State War no
 Occupation merchant (Social Security Number) no
 Employer and Address
 Date of Death Jan. 14, 1949 8:42 P.M. (Date) (Hour)
 Date of Birth April 22, 1884
 Age 64 (Years) (Months) (Days)
 Date of Funeral Jan. 17 mon 3 P.M. (Date) (Day of Week) (Hour)

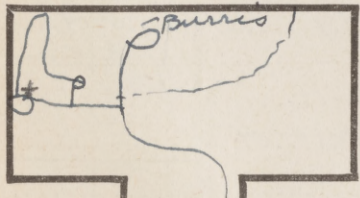
Complete Funeral (except outlays) \$ 370 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Remains from
 Remains to
 Coroner's Inquest
 ing Box to
 Flowers to
 al Charges
 ng Burial Permit. (State Number and District) 6 00
 if. Copies of Death Certificates No. (State Physician's or Coroner's)
 arer Service, \$ Use of Chapel, \$
 Total for Sales Tax \$
 for Lot
 ion
 s, \$ Palms, \$ Matting, \$
 of Tent, \$ of Temporary Vault, \$
 g of Grave or Tomb 55.00
 Grave, \$ Lowering Device, \$
 for Shipping Charges
 nan, \$ Singers, \$ Organist, \$
 } Tickets, \$ Aero-plane Service, \$
 Phone, Cable or Radio Charges
 dvanced
 town Undertaker's Charges
 Personal Service Music San R 5.00
Casket Spray 25.00
 line Death Notices in Papers
Democrat 2.00
Examiner 5.46
Survey Hamilton Rev 5.00
 Sales Tax
 Total Footing of Bill \$ 488.46
 Less 19.25 - 30 days \$ 10
 Balance \$ 498.46
 Entered into Ledger, page or below.

MICHAEL M. MIKITA, M.D.
 Physician and Surgeon
 Castner Building
 Boyes Hot Springs, California
 one 2192
 Residence Phone 2610

Date 1/17/49
 Address

I hereby give my permission for a postmortem examination on Mr. Jess Ingle.

Witnessed by
Mrs. Jack Scribner Letitia M. Ingle
Jack Scribner
 Registry No. 6961

Size of Casket Large (State Color and Number)
 Manufactured by 87
 Cemetery } Mt. Cemetery Sonoma
 Crematory }

 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Personal Service Music San R 5.00
Casket Spray 25.00
 line Death Notices in Papers
Democrat 2.00
Examiner 5.46
Survey Hamilton Rev 5.00
 Sales Tax
 Total Footing of Bill \$ 488.46
 Less 19.25 - 30 days \$ 10
 Balance \$ 498.46
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward	<u>Bal- 1956</u>	<u>98 46</u>
			By Payment	<u>Pd 1-13</u>	<u>10 -</u>
				<u>1.00</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	

SIZE 2/1/49 statement No. 9585- H.P. Cov. 448
 DESCRIPTION: Atlas Panel & Pillow
Full lined Seville Crape
 HANDLES: Sr B & Bp
37-3x0-Bronze Hdls

Funeral and Interment
 INGLE—Near Sonoma, Jan. 14, 1949, Jess Ingle, dearly beloved husband of Letitia M. Ingle of Glen Ellen, beloved father of Jack Ingle of San Francisco and Harry Ingle of Mill Valley, loving brother of Mrs. Daisy Henderson of Santa Rosa and Ray Ingle of Santa Cruz; a native of California, aged 64 years.
 Friends are invited to attend the funeral services Monday, Jan. 17, at 3 p. m., from the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mountain Cemetery, Sonoma.

Names of Lodges
 and I hereby represent that I have sufficient resources legally available to
 and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 12 1949

Name of Deceased Charles Rubie W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 118 Monterey St. Vallejo ☐ Husband ☐ Wife ☐ Widow Ester

Charge to: Mrs. Anita Harris Ludwig or of Age of Husband or Wife (if living) Years

Address: 331 Illinois St. Vallejo

Order given by: Above (or informant)

How Secured: Chisum & Dickey

If Veteran, State War no

Occupation: State Civil Service unit (Social Security Number)

Employer and Address

Date of Death: Jan 12, 1949 7:30 P.M.

Date of Birth: Dec 17, 1875

Age: 73 (Years) 0 (Months) 2 (Days)

Date of Funeral: Jan 15 (Date) Sat (Day of Week)

Services at: Chapel

Clergyman: C.C. Champlin (Address)

Religion of the Deceased

Birthplace: Germany

Resided in the State: 64 years (or U.S. or City or County) (Years)

Place of Death: Vallejo, Calif.

Cause of Death: Gastric Carcinoma

Contributory Causes: See Cert.

Certifying Physician: H. W. Mills M.D. (or Coroner)

His Address: Vallejo, Calif.

Name of Father

His Birthplace: Germany

Maiden Name of Mother

Her Birthplace: Germany

Motor } Remains to
Ship }

Size of Casket: Chisum & Dickey (State Color and Number)

Manufactured by

Cemetery: Mountain Cem. Sonoma
Crematory

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Cremation
Flowers, \$ Palms
Rental of Tent, \$
Opening of Grave or Lining Grave, \$
Outlay for Shipping Clergyman, \$
Railroad } Tickets, \$ plane
or Motor }

Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service
line Death Notices in Papers
Dan Ruzzles music
Index Tribune
Sales Tax Lat on Box
Total Footing of Bill \$ 161.09
Less \$
Balance \$
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 15	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

55

Total No. Yearly No. Date of Entry Jan 14 19 49

Name of Deceased Jesse Albert Ingle w
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Glen Ellen, Calif ☐ Husband ☐ Wife ☐ Widow Letitia
 or of { Age of Husband or Wife (if living) Years

Charge to Mrs Letitia Ingle

Address. new address above

Order given by 1307-3rd ave - 87
 (or informant)

How Secured

If Veteran, State War no

Occupation merchant no
 (Social Security Number)

Employer and Address

Date of Death Jan 14, 1949 8:42 P.M.
 (Date) (Hour)

Date of Birth April 22, 1884
 (Date) (Month) (Day)

Age 64
 (Years) (Months) (Days)

Date of Funeral Jan 17 mon 3 P.M.
 (Date) (Day of Week) (Hour)

at Chapel

Funeral Home Dunne Hamilton Sonoma
 (Address)

Place of the Deceased

Place Calistoga
 (or U.S. or City or County) (Years) (Months)

Place of Death Sonoma Community Hospital
 (State Number and District)

Place of Death See Cert
 (State Physician's or Coroner's)

Contributory Causes

Attending Physician Michael M. Mikuta
 (or Coroner)

Address So Bayes Springs, Calif

Name of Father John A Ingle

Birthplace

Full Name of Mother Mary Ellen Ingle

Birthplace

Remains to

Size of Casket Large
 (State Color and Number)

Manufactured by 87

Cemetery Mt. Cemetery Sonoma

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 370

Casket

Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 18.50

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$ 20.00

Door Spray, \$ Gloves, \$ 20.00

Funeral Car, \$ Ambulance, \$ 10.00

Limousines to Cemetery @ \$ 5.00

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit 6 00

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 55.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- }

or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Musee San R 5.00

Casket Spray 25.00

..... line Death Notices in Papers

Democrat 2.00

Examiner 5.46

Dunne Hamilton Rev 5.00

Sales Tax 5.00

Total Footing of Bill \$ 488 46

Less 19.25 - 30 days \$ 10

Balance \$ 498 46

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward	<u>Bal- 1956</u>	<u>98 46</u>
			By Payment	<u>Pd 1-13</u>	<u>10 -</u>
				<u>1.00</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	
				<u>50</u>	

2/1/49 statement
 No. 9585- H.P.
 DESCRIPTION: Atlas Panel & Pillow
Full lined Seville Crepe
 HANDLES: Sr B & Bp
37-3x0-Bronze Hdls

Funeral and Interment.
 INGLE—Near Sonoma, Jan. 14, 1949, Jess Ingle, dearly beloved husband of Letitia M. Ingle of Glen Ellen, beloved father of Jack Ingle of San Francisco and Harry Ingle of Mill Valley, loving brother of Mrs. Daisy Henderson of Santa Rosa and Ray Ingle of Santa Cruz; a native of California, aged 64 years.
 Friends are invited to attend the funeral services Monday, Jan. 17, at 3 p. m., from the Chapel of Bates & Evans, Sonoma, Calif. Interment, Mountain Cemetery, Sonoma.

Names of Lodges

I, and I hereby represent that I have sufficient resources legally available to

and I hereby covenant and agree to pay the same within days from date. Interest to accrue from % per annum.

Signed

Address

[illegible]

Compiled by F. J. FEINEMAN, St. Louis, Mo.

57

37-3x0-Bronze Hals

RECORD OF FUNERAL

57

Total No. Yearly No. Date of Entry Jan. 22 1949

Name of Deceased Alfred Julius Rubke

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt 2 Box 388 Schellville, Calif. Husband ☐ Wife ☐ Widow ☒ (What Race) Harriet

Charge to: Mrs. Mary E. Rubke of Sonoma Age of Husband or Wife (if living) Years

Address: Above

Order given by. (or informant)

How Secured:

If Veteran, State War no

Occupation Rancher (Social Security Number) no

Employer and Address

Date of Death Jan 22, 1949 2:30 P (Date) (Hour)

Date of Birth Nov 13, 1888 60 (Years) (Months) (Days)

Funeral Jan 25 Tue 2 P. M. (Date) (Day of Week) (Hour)

at: Chapel

in: Ken Potter (Address)

of the Deceased.

at: Schellville, Calif

in the State Calif (or U.S. or City or County) (Years) (Months)

Death: Home

Death:

Primary Causes.

Physician C. B. Anderson (or Coroner)

SS: Sonoma, Calif

Father: Henry Rubke

Place:

Name of Mother: Mary E. Wreyer

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Large (State Color and Number)

Manufactured by S. H.

Cemetery } Chapel of the Chimes S.P.
Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner.

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 3.85

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 19.25

Dressing Body, \$ Underwear, \$ 19.25

Suit or Dress (State Kind and Color) 9.62

Slippers, \$ Hose, \$ 4.81

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation 4.5

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced Masonic Service

Out of town Undertaker's Charges

Personal Service Ken Potter 1.5

..... line Death Notices in Papers 2.00

..... (Names of Newspapers) 9.66

..... 2.56

Sales Tax 4.81

Total Footing of Bill \$ 44.90

Less 19.25 Cash discount \$ 19.25

Balance \$ 42.78

Entered into Ledger, page or below.

Funeral Home, Sonoma, Calif. for services and interment

RUBKE—Near Sonoma, Jan. 22, 1949. Alfred J. Rubke, dearly beloved husband of Harriet L. Rubke of Schellville, beloved father of Mrs. Elizabeth Jean LeVitt of San Rafael, Alfred E. and Kurt D. Rubke of Sonoma, adored son of Mrs. Mary Rubke of Schellville, loving brother of Mrs. Martha McDonald of San Rafael, Mrs. Alice Picetti of Sonoma, Mrs. Florence McInerney of San Francisco, Henry and Grover Rubke of Sonoma, William Rubke of Sausalito, Ernest Rubke of Marysville and the late Adolph and Leland Rubke; a native of California, aged 60 years. A member of Temple Lodge No. 14, F. & A. M., and Valley of the Moon Chapter, Order O. E. S.

Friends and acquaintances are respectfully invited to attend the funeral services Tuesday, Jan. 25th, at 2 p. m. from the Chapel of Bates & Evans, Sonoma, Calif. Interment, Chapel of the Chimes, Santa Rosa, Calif.

Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward	\$
			By Payment	\$
			In full	\$
		Feb 3	"	\$ 42.78
			"	\$
			"	\$
			"	\$
			"	\$
			"	\$
			"	\$
			"	\$

SIZE 6/6 No. 9585- H.P. Cov. 448

DESCRIPTION: Atlas Panel & Pillow Full lined Seville Crepe

HANDLES: Sr B & Bp

37-3x0-Bronze Hdls

Insurance Companies
Fully available to
(Firm Name of Funeral Directors.)
..... days from date. Interest to accrue from

RECORD OF FUNERAL

59

Total No. Yearly No. Date of Entry January 25 1949

Name of Deceased Francis John Wellenstein White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 312 Sanoma ☐ Husband ☐ Wife ☐ Widow Myrtle
 Charge to Mrs Myrtle Wellenstein or Age of Husband or Wife (if living) Years

Address about

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Operating Engineer 526-09-668 (Social Security Number)

Employer and Address

Date of Death Jan 25 1949 7:30 a.m.
 (Date) (Hour)

Date of Birth Nov 14 1911
 (Date) (Day of Week) (Hour)

Age 37 2 11
 (Years) (Months) (Days)

Date of Funeral Jan 27 Thurs 8:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Ponca Nebraska

Clergyman: (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State 1 yr
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial failure

Contributory Causes Empyema
Broncho pneumonia

Certifying Physician Dr. W. M. Smith M.D.
 (or Coroner)

His Address Sanoma, Caly

Name of Father N. P. Wellenstein

His Birthplace

Maiden Name of Mother Mary Duas

Her Birthplace

Motor } Remains to Sanoma, Iowa
 Ship }

Size of Casket 52x28x23 H.P. con 237
 (State Color and Number)

Manufactured by 7

Cemetery } Ponca Nebraska
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 347

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Out of state -

Total Footing of Bill \$ 347.00

Less 17.35 30 days \$ 17.35

Balance \$ 329.65

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 22 1949

Name of Deceased Christine La Verne Wheat W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Goldridge, Calif. ☐ Husband ☐ Wife ☐ Widow
or of { Age of Husband or Wife (if living) Years

Charge to: Earl Wesley Wheat

Address: 1324 Alice St. Miles Road, Hayward
1324
above
above (or informant)

Var. no
one (Social Security Number)

DRESS no
22 1949 2 P.M.
Oct 1, 1940 (Date) (Hour)

8 3 21
(Years) (Months) (Days)

Jan 24 Mon 3 P.M.
(Date) (Day of Week) (Hour)

Chapel
Quincy Hamilton (Address)

of the Deceased
Oakland, Calif.
ed in the State Calif.
(or U.S. or City or County) (Years) (Months)

se of Death Sonoma State Home
Bilateral Bronchopneumonia
Contributory Causes

Certifying Physician Marietta Houston
(or Coroner)

His Address Sonoma State Home

Name of Father Earl Wesley Wheat

His Birthplace Seaside

Maiden Name of Mother Bessie Lucille McGee

Her Birthplace unk

Motor } Remains to
Ship } 40 White Lamb #0
(State Color and Number)

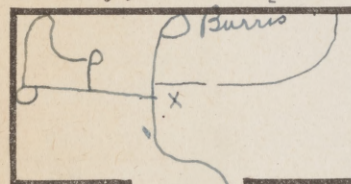
Manufactured by 1
Cemetery Mt. Carmel, Sonoma
Crematory }


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 100 -

Casket

Burial Vault or Box \$ 5 -

Embalming Body (State Kind)

Barber, \$ (Name of Embalmer)

Dressing Body, \$ Hair Dressing, \$

Suit or Dress Underwear, \$

Slippers, \$ (State Kind and Color)

Folding Chairs, \$ Hose, \$

Candelabrum, \$ Tarpaulin, \$

Door Spray, \$ Candles, \$

Funeral Car, \$ Gloves, \$

Limousines to Cemetery Ambulance, \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit \$ 6 -

Certif. Copies of Death Certificates No.

Pall Bearer Service, \$ (State Number and District)

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 35.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Ren. Hamilton

line Death Notices in Papers

Casket Spray \$ 10

Plan. Kieckhefer \$ 7.50

Sales Tax \$ 1.38

Total Footing of Bill \$

Less \$ 174.88

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance
Lodges Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum. Signed

Witness Address

RECORD OF FUNERAL

59

Total No. Yearly No. Date of Entry January 25 1949

Name of Deceased Francis John Wellenstein White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 312 Sonoma ☐ Husband ☐ Wife ☐ Widow Myrtle
 Charge to Mrs. Myrtle Wellenstein or 322 1/2 725 1/2 Age of Husband or Wife (if living) Years

Address about

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Operating Engineer 526-09-6693 (Social Security Number)

Employer and Address

Date of Death Jan 25 1949 7:30 a.m.
 (Date) (Hour)

Date of Birth Nov 14 1911
 (Date) (Month) (Day)

Age 37 2 11
 (Years) (Months) (Days)

Date of Funeral Jan 27 1949 8:30 p.m.
 (Date) (Day of Week) (Hour)

Services at Panama, Nebraska

Clergyman: (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State 1 yr.
 (or U.S. or City or County) (Years) (Months)

Place of Death Hama

Cause of Death Myocardial failure

Contributory Causes Emphysema
Bronchitis

Certifying Physician Dr. W. G. Hall
 (or Coroner)

His Address Sonoma, Calif.

Name of Father N. P. Wellenstein

His Birthplace

Maiden Name of Mother Mary Deas

Her Birthplace

Motor Ship } Remains to Box City, Iowa

Size of Casket 52 1/2 x 23 1/2 H.P. Co. 237
 (State Color and Number)

Manufactured by 14

Cemetery } Panama, Nebraska
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 347

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

(Names of Newspapers)

Sales Tax Out of State -

Total Footing of Bill \$ 347.00

Less 17.35 - 30 days \$ 17.35

Balance \$ 329.65

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Jan 27 49</u>	<u>In full</u>	<u>329.65</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 27 1949

Name of Deceased Myrtle E. Weise
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) White

Residence Glen Ellen, Calif. ☐ Husband ☐ Wife ☐ Widow Shirley
 Charge to Shirley Weise or of Age of Husband or Wife (if living) Years

Address Abode -

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Housewife (Social Security Number) No

Employer and Address

Date of Death Jan. 27, 1949 8:20 P.M. (Date) (Hour)

Date of Birth May 30, 1894 (Date) (Hour)

Age 54 7 27 (Years) (Months) (Days)

Date of Funeral Jan 31 - Mon. 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Dwight Hamilton Sonoma (Address)

Religion of the Deceased

Birthplace Elkhart, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician C.B. Andrews, M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father William Munkel

His Birthplace

Maiden Name of Mother Ellen McIntire

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by Golden State - L.A.

Cemetery } Mt. Cemetery, Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 378 -

Casket
 Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District) 4 -
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$
 Outlay for Lot: Cleaning \$ 5.00 -

Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Dwight Hamilton no chg.
line Death Notices in Papers
Music, Dunbar, Sonoma
Index Tribune (Names of Newspapers)
7 50
2 50

Sales Tax \$ 5 10

Total Footing of Bill \$ 485 16

Less 19.65 - 30 days \$ 19 65

Balance \$ 465 51

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

61

[illegible]

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 28 1949

Name of Deceased Mary Anne Weekley Weekly white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Donoma State Home ☐ Husband ☐ Wife ☐ Widow }
 Charge to Capt. Robert Weekley or of } Age of Husband or Wife (if living) Years

Address Mathews Field, Sacramento

Order given by Box 64 (or informant)

How Secured:

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death Jan 28 49 6:38 PM (Date) (Hour)

Date of Birth Nov 5 1948 (Date) (Month) (Day)

Age 2 23 (Years) (Months) (Days)

Date of Funeral Feb 1 49 11 A M. (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: Father Haare (Address)

Religion of the Deceased

Birthplace Sacramento, Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Donoma State Home

Cause of Death Hydrocephalus

Contributory Causes Constitutional
Mental deficiency

Certifying Physician Gabriel J. Andiman M.D. (or Coroner)

His Address Elmridge, Calif.

Name of Father Robert William Weekley

His Birthplace Ansley, Nebraska

Maiden Name of Mother Elen Joy Terry

Her Birthplace Lincoln, Nebraska

Motor } Remains to
 Ship }

Size of Casket 20- White Lamb (State Color and Number)

Manufactured by:

Cemetery } Catholic Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 50 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: Grave \$ 1.50 -

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 1.25

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service at grave Priest \$ 5.00

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax \$ 63

Total Footing of Bill \$ 83.13

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
2/1/49	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			March - March	\$ 32.50
	" "			April 11 - "	\$ 17 -
	" "			May 6 - "	\$ 17 -
	" "			June 6 - In full	\$ 16.63
	" "			" "	\$ 3.13

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness

63

Total No. Yearly No. Date of Entry Feb 3 1949

Name of Deceased Bertha Rehag W

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Rural - Sonoma ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Otto Kerner

Address 1016 W. Laurel St. Campbell, Calif

Order given by Above (or informant)

How Secured:

If Veteran, State War No

Occupation At home (Social Security Number)

Employer and Address

Date of Death Feb 3, 1949 (Date) (Hour)

Date of Birth April 18, 1875 (Date) (Hour)

Age 73 (Years) (Months) (Days)

Date of Funeral Feb 7, Mon 10 A M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace unk

Resided in the State unk (or U. S. or City or County) (Years) (Months)

Place of Death So Co Hospital

Cause of Death Senility

Contributory Causes Generalized Arteriosclerosis

Certifying Physician Dr. C. Neilly - M.D. (or Coroner)

His Address Sonoma Co Hospital

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Size 6/3 (State Color and Number)

Manufactured by 24

Cemetery } Catholic Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 295 -

Casket
Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 14.50
Dressing Body, \$ Underwear, \$ 1.50
Suit or Dress (State Kind and Color) 16.25
Slippers, \$ Hose, \$ 8.25
Folding Chairs, \$ Tarpaulin, \$ 40.625
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from:
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot:
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb 25.00
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service Mass 15 -

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax 4.06
Total Footing of Bill \$ 354.06
Less \$
Balance \$
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE <u>6/3</u> No. <u>9389</u> Cov. <u>378</u>			To Balance Forward		\$
DESCRIPTION: <u>Stephen of Sunray</u>			By Payment	<u>354.06</u>	\$
HANDLES: <u>362-3x0-</u>			" " " " " "		\$
			" " " " " "		\$
			" " " " " "		\$
			" " " " " "		\$
			" " " " " "		\$

Insurance \$ Names of Insurance Companies
Lodges
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Signed
Address

RECORD OF FUNERAL

65

Total No. Yearly No. Date of Entry Feb 4 19 49

Name of Deceased Eda Bompreszi
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Elverans, Calif ☐ Husband ☐ Wife ☐ Widow Adamo
 or of Age of Husband or Wife (if living) Years

Charge to William Bompreszi

Address 1404 Arthur St.

Order given by Yolanda Luccakesi
 (or informant) Elverans, Calif

How Secured

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address

Date of Death Feb 4, 1949 2:12 P.M.
 (Date) (Hour)

Date of Birth August 15, 1892
 (Date) (Month) (Day)

Age 56 5 19
 (Years) (Months) (Days)

Date of Funeral Removal - Feb 5 - Sat 7:58 P.M.
 (Date) (Day of Week) (Hour)

Services at Elverans, Calif

Clergyman (Address)

Religion of the Deceased

Birthplace Ancona, Italy

Resided in the State 42 -
 (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Acute Myocardial Infarction

Contributory Causes See Cert.

Certifying Physician Michael M. Mikuta
 (or Coroner)

His Address Boyes Springs, Calif

Name of Father Ralph Bompreszi

His Birthplace Italy

Maiden Name of Mother Anna Irene

Her Birthplace Italy

Motor } Remains to
 Ship }

Size of Casket Orchid C
 (State Color and Number)

Manufactured by Sutler Casket Co.

Cemetery } Elverans, Calif
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 340 -

Casket \$ 25 -

Burial Vault or Box \$ Shipping -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$ 1.77
 Suit or Dress 7.25 16.40 1.6 40
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$ 17.00
 Limousines to Cemetery @ \$ 2.50
 Extra Limousines @ \$ 1.67
 Autos to R. R. Station @ \$
 Getting Remains from 21.17
 Taking Remains to 21.17
 Trip to Coroner's Inquest 4.58
 Delivering Box to 4.3
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 Express Fare 12.73
 Line Death Notices in Papers 2.00
 (Names of Newspapers) Elverans

Sales Tax 1.8 4.88
 Total Footing of Bill \$ 401.78
 Less 18.25 - 30 days \$ 18.25
 Balance \$ 383.53

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>2/16/49</u>	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

67

[illegible]

[illegible]

Witness..... Address.....

69

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 25 1949

Name of Deceased Charles S. Banchemo (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Sonoma ☐ Husband ☐ Wife ☐ Widow Celia

Charge to Mrs. Celia Banchemo or of Age of Husband or Wife (if living) Years

Address Sonoma

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Retired Grocery Clerk (Social Security Number)

Employer and Address

Date of Death Feb. 25, 1949 7:20 P.M.

Date of Birth Dec 7, 1893

Age 55 2 18 (Years) (Months) (Days)

Date of Funeral Feb 28 Mon 9:30 A.M.

Services at St. Francis

Clergyman

Religion of the Deceased Catholic

Birthplace Napa, Calif.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician A. K. McSwath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Domènico Banchemo

His Birthplace Genoa, Italy

Maiden Name of Mother Louisa Managini

Her Birthplace Italy

Motor } Remains to
Ship }

Size of Casket Metal (State Color and Number)

Manufactured by 7

Cemetery } Mt. Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 8.10

Casket \$ 1.50

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
Dressing Body, \$ 1.80 Underwear, \$ 1.38
Suit or Dress, \$ 1.80 Underwear, \$ 1.85
(State Kind and Color) See 85

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit. (State Number and District)
3 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax
Outlay for Lot
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero- plane Service, \$
or Motor }
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service Mass
Napa Register
line Death Notices in Papers
Index Tribune
Democrat
Examiner
Sales Tax
Total Footing of Bill
Less 46.25 - 30 days
Balance
Entered into Ledger, page or below. 903 46

Cypress Lawn Memorial Park	Amount Paid	Balance	Date	Amount Paid	Balance
BANCHERO—In Sonoma Calif. Feb. 25, 1949. Charles S. Banchemo, dearly beloved husband of Mrs. Celia Banchemo of Sonoma, beloved father of Mrs. Evelyn Montalido of Sonoma and the late Lt. Robert Banchemo, brother of the late Tupie and Julie Banchemo, adored grandfather of Nancy, Bobby and the late Judy Montalido loving uncle of Jeanne Ghilino and Mrs. Ben Huntley of Napa; nephew of Josephina Managini of Napa; a native of Napa, Calif., aged 55 years. A member of Napa Parlor No. 62, N. S. G. W.					
Friends and acquaintances are respectfully invited to attend the funeral services Monday, Feb. 28, at 9:15 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 o'clock. Services under auspices of Sonoma Parlor No. 111, N. S. G. W., Sunday, 8:30 p. m.					
BARRIOS—Killed in action in Italy, July 1944. Pfc. Stanley T. Barrios, dearly					

SIZE 6/6 No. Groteo H P Cov. Ant Silver
Metallic Sealer
 DESCRIPTION: Butts Panel & Pillow
 HANDLES: Lined Burton B & Bp same

ice
nies.....
ailable to.....
(Firm Name of Funeral Directors.)
days from date. Interest to accrue from

RECORD OF FUNERAL

71

Total No. Yearly No. Date of Entry March 5 19 49

Name of Deceased Bette Mae Van Sprecken W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1201 Pine St S. 7. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Campbell Funeral Home
 Address Olin, Iowa

Order given by
 (or informant)

How Secured

If Veteran, State War no

Occupation nurse

Employer and Address Dr Hart 909 Hyde St (Social Security Number)

Date of Death Mar 5, 1949 (Date) 1 P.M. (Hour)

Date of Birth Feb 23, 1924

Age 25 (Years) 0 (Months) 12 (Days)

Date of Funeral Removal Mar 7 - Mon - (Date) 2 P.M. (Hour)

Services at Olin, Iowa

Clergyman (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State 3 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Hwy 12 - Brass Curve

Cause of Death

Complete Funeral (except outlays) \$ 1.00

Casket

Burial Vault or Box Shipping (State Kind) 35

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

No. Mar 5 1949

RECEIVED OF Bates & Evans

Ten & 01/100 Dollars

Yellow metal Bulova wrist watch, wallet &

misc papers property of Bette Van Sprecken

\$10 01/100

Vernon Shivershield
Coroner

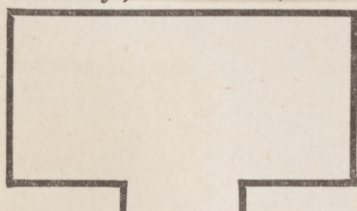


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Sales Tax Out of State

Total Footing of Bill \$ 209.87

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar 14</u>	<u>To Above Balance</u>	\$	<u>Mar 8</u>	<u>To Balance Forward</u>	\$
	<u>By Payment</u>	\$		<u>By Payment</u>	\$ <u>205</u>
	" "	\$		<u>on acct</u>	\$ <u>4.88</u>
	" "	\$	<u>Mar 29</u>	<u>" In full</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 25 1949

Name of Deceased Charles S. Banchemo W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma ☐ Husband ☐ Wife ☐ Widow Celia
 Charge to Mrs. Celia Banchemo or of Age of Husband or Wife (if living) Years

Address Sonoma

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Retired Grocery Clerk (Social Security Number)

Employer and Address

Date of Death Feb 25, 1949 7:20 P.M.
 (Date) (Hour)

Date of Birth Dec 7, 1893
 (Date)

Age 55 2 18
 (Years) (Months) (Days)

Date of Funeral Feb 28 Mon 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Napa, Calif.

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician A. K. McSwath M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Domènico Banchemo

His Birthplace Genoa, Italy

Maiden Name of Mother Louisa Managini

Her Birthplace Italy

Motor } Remains to
 Ship }

Size of Casket Metal (State Color and Number)

Manufactured by 7

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 8.10

Casket \$ 1.50

Burial Vault or Box (State Kind) \$ 1.50

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 18.90 4.48 Underwear 1.80
 (State Kind and Color) Feb 25

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Deliver
 Deliver
 Remove
 Procession
 Pall
 Gr
 Or
 C
 F

Telegr.
 Cash Advanced
 Out of town Undertaker's
 Personal Service Mass
Napa Register
 line Death Notices in Papers
Index Tribune
Democrat
Examiner
 Sales Tax
 Total Footing of Bill \$ 71
 Less 46.25 - 30 days \$ 949.71
 Balance \$ 46.25
 Entered into Ledger, page or below. 903 46



Diagram of Lot or Vault

Cypress Lawn Memorial Park	Amount Paid	Balance	Date	Amount Paid	Balance
BANCHERO—In Sonoma Calif. Feb. 25, 1949. Charles S. Banchemo, dearly beloved husband of Mrs. Celia Banchemo of Sonoma, beloved father of Mrs. Evelyn Montaldo of Sonoma and the late J. L. Robert Banchemo, brother of the late Tule and Julie Banchemo, adored grandfather of Nancy, Bobby and the late Judy Montaldo loving uncle of Jeanne Ghilino and Mrs. Ben Huntley of Napa; nephew of Josephina Managini of Napa; a native of Napa, Calif., aged 55 years. A member of Napa Parlor No. 62, N. S. G. W.					
Friends and acquaintances are respectfully invited to attend the funeral services Monday, Feb. 28, at 9:15 a. m. from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 o'clock. Services under auspices of Sonoma Parlor No. 111, N. S. G. W., Sunday, 8:30 p. m.					
BARRIOS—Killed in action in Italy, July 1944. Pfc. Stanley T. Barrios, dearly					

SIZE 6/6 No. Groteo H P Cov. Ant Silver
Metallic Sealer

DESCRIPTION:
Butte Panel & Pillow

HANDLES:
Lined Burton B & Bp same

ice
 nies.....
 available to.....
 (Firm Name of Funeral Directors.)
 days from date. Interest to accrue from

RECORD OF FUNERAL

71

Total No. Yearly No. Date of Entry March 5 19 49

Name of Deceased Bette Mae Van Sprecken W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1201 Pine St. S. 7. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Campbell Funeral Home
 Address Olin, Iowa

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation nurse

Employer and Address Dr. Hart 909 Hyde St. (Social Security Number)

Date of Death Mar. 5, 1949 (Date) 1 P.M. (Hour)

Date of Birth Feb 23, 1924 (Date)

Age 25 (Years) 0 (Months) 12 (Days)

Date of Funeral Removal Mar. 7 - Mon - 2 P.M. (Date) 7 (Day of Week) (Hour)

Services at Olin, Iowa

Clergyman (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State 3 yrs. (or U. S. or City or County) (Years) (Months)

Place of Death Highway 12 - Brass Curve

Cause of Death

Medical Causes

Physician Vernon Silaschuld (or Coroner)

Address Santa Rosa, Calif.

Father John Van Sprecken

Birthplace Iowa

Name of Mother

Birthplace

Remains to

Casket Knock down China (State Color and Number)

Manufactured by S. 7

City Olin, Iowa

County

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) Knock down China \$ 1.00

Casket \$

Burial Vault or Box Shipping (State Kind) \$ 35

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service fare to Iowa \$ 74.87

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax Out of State

Total Footing of Bill \$ 209.87

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Mar 14	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	Mar 8	on acct	\$
	" "	\$	Mar 29	In full	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.....

Yearly No.....

Date of Entry.....

March 18

1949

Name of Deceased.....

James McPleese

☐ Married
☐ Single
☐ Widowed
☐ Divorced

Residence.....

141 Connecticut Ave. Freeport, Long Island, N.Y.

☐ Husband
☐ Wife
☐ Widow

Charge to.....

Dr. Richard McPleese

Age of Husband or Wife (if living).....

Years

Address.....

Sanoma

Order given by.....

(or informant)

How Secured.....

If Veteran, State War.....

No

Occupation.....

Detective

066-03-2412 A

(Social Security Number)

Employer and Address.....

Police Dept.

Date of Death.....

Mar. 18, 1949

2:45 PM

(Hour)

Date of Birth.....

Jan. 25, 1871

Age.....

78

(Years)

(Months)

(Days)

Date of Funeral.....

Mar. 18, Fri.

2:45 A.M.

(Hour)

Services at.....

Chapel

Clergyman.....

Dr. Buttrum

Sanoma

(Address)

Religion of the Deceased.....

Birthplace.....

Ireland

Resided in the State.....

(or U. S. or City or County) (Years) (Months)

Place of Death.....

General Hospital

Cause of Death.....

Contributory Causes.....

Certifying Physician.....

(or Coroner)

His Address.....

Santa Rosa, Calif.

Name of Father.....

William McPleese

His Birthplace.....

Maiden Name of Mother.....

Sarah Holly

Her Birthplace.....

Motor } Remains to

Ship }

Size of Casket.....

1909 - cov 87 -

(State Color and Number)

Manufactured by.....

S.F.

Cemetery } New York -

Crematory }

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays).....

\$ 460 -

Casket.....

Burial Vault or Box.....

(State Kind)

25 -

Embalming Body.....

(Name of Embalmer)

Barber, \$.....

Hair Dressing, \$.....

Dressing Body, \$.....

Underwear, \$.....

Suit or Dress.....

(State Kind and Color)

Slippers, \$.....

Hose, \$.....

Folding Chairs, \$.....

Tarpaulin, \$.....

Candelabrum, \$.....

Candles, \$.....

Door Spray, \$.....

Gloves, \$.....

Funeral Car, \$.....

Ambulance, \$.....

Limousines to Cemetery.....

@ \$.....

Extra Limousines.....

@ \$.....

Autos to R. R. Station.....

@ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit.....

Certif. Copies of Death Certificates No.....

(State Number and District)

Pall Bearer Service, \$.....

Use of Chapel, \$.....

Gross Total for Sales Tax.....

\$.....

Outlay for Lot.....

Cremation.....

Flowers, \$.....

Palms, \$.....

Matting, \$.....

Rental of Tent, \$.....

of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$.....

Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$.....

Singers, \$.....

Organist, \$.....

Railroad } Tickets, \$.....

or Motor }

Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

1.00

Out of town Undertaker's Charges.....

Personal Service.....

Organ music

San Ruffalo

5.00

line Death Notices in.....

Papers

Dr. Buttrum

(Names of Newspapers)

Barrett

for Body

Sales Tax.....

Out of state -

Total Footing of Bill.....

\$ 621.33

Less.....

Courtesy disc

\$ 72.75

Balance.....

\$ 548.58

Entered into Ledger, page.....

or below

[illegible]

Insurance \$..... Names of..... Insurance.....
 Lodges..... Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of.....% per annum.
 Signed.....
 Witness..... Address.....

RECORD OF FUNERAL

73

Total No. Yearly No. Date of Entry March 17 1949

Name of Deceased Joseph Aleccia
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: Agua Caliente Hotel - Agua Caliente ☐ Husband ☐ Wife ☐ Widow Katherine
 or of Age of Husband or Wife (if living) Years

Charge to: Mrs. Katherine Aleccia

Address: Above

Order given by: (or informant)

How Secured:

If Veteran, State War

Occupation: Room 352-03-6000
 (Social Security Number)

Employer and Address

Date of Death: March 17 1949 - 8:58 P.M.
 (Date) (Hour)

Date of Birth: Oct. 14 1902
 (Date)

Age: 46
 (Years) (Months) (Days)

Date of Funeral: Mar. 21 Mon. 10:30 A.M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace: Italy

Resided in the State: 8 yrs.
 (or U.S. or City or County) (Years) (Months)

Place of Death: Herrick Hospital

Cause of Death:

Contributory Causes:

Certifying Physician: (or Coroner)

His Address:

Name of Father: Baldassaro Aleccia

His Birthplace: Italy

Maiden Name of Mother: Mary Adduino

Her Birthplace: Italy

Motor } Remains to
 Ship }

Size of Casket: Large
 (State Color and Number)

Manufactured by: SF

Cemetery } Catholic Cemetery Sonoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$	370	-
Casket			
Burial Vault or Box <u>Steel</u>		190	-
(State Kind)			
Embalming Body			
(Name of Embalmer)			
Barber, \$			
Hair Dressing, \$			
Dressing Body, \$			
Underwear, \$			
Suit or Dress <u>840 underwear 30 24 51</u>		20	71
(State Kind and Color)			
Slippers, \$			
Hose, \$			
Folding Chairs, \$			
Tarpaulin, \$			
Candelabrum, \$			
Candles, \$			
Door Spray, \$			
Gloves, \$			
Funeral Car, \$			
Ambulance, \$			
Limousines to Cemetery @ \$			
Extra Limousines @ \$			
Autos to R. R. Station @ \$			
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit <u>Oakland</u>		1	00
(State Number and District)			
Certif. Copies of Death Certificates No.			
(State Physician's or Coroner's)			
Pall Bearer Service, \$			
Use of Chapel, \$			
Gross Total for Sales Tax	\$		
Outlay for Lot <u>2 Graves</u>		50	-
Cremation			
Flowers, \$			
Palms, \$			
Matting, \$			
Rental of Tent, \$			
of Temporary Vault, \$			
Opening of Grave or Tomb <u>for Vault</u>		30	00
Lining Grave, \$			
Lowering Device, \$			
Outlay for Shipping Charges			
Clergyman, \$			
Singers, \$			
Organist, \$			
Railroad } Tickets, \$			
or Motor } Aero-plane Service, \$			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced <u>1 - C.C.</u>		1	00
Out of town Undertaker's Charges			
Personal Service <u>Mass</u>		15	00
line Death Notices in Papers			
(Names of Newspapers)			
<u>Press Democrat</u>		2	00
Sales Tax		9	38
Total Footing of Bill	\$	696	12
Less <u>28.00 - 30 days</u>	\$	28	-
Balance	\$	668	12
Entered into Ledger, page or below.			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 29, 1949			Golden State		
SIZE 6/6	No. 9585- H.P.	Cov. 448	To Balance Forward		
DESCRIPTION: Atlas Panel & Pillow			By Payment		
Full lined Eggshell #444 Crepe			April 4, 1949	\$ 418	12
Seville			" " "	\$ 250	-
HANDLES: Eggshell Bally B & Bp			" " "		
37-3x0-Venejian Bronze Hds			" " "		
" " "	\$	\$	" " "		
" " "	\$	\$	" " "		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed: Address:

Witness: Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

75

Total No. Yearly No. Date of Entry *March 24, 1949* 19*45*

Name of Deceased *Charles J. Perkins*
☒ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: *Letters Springs, Calif.* ☐ Husband ☐ Wife ☐ Widow *Polene*
 or of Age of Husband or Wife (if living) Years

Charge to: *Edgar Perkins*
 Address: *Above - Tel. 2288*

Order given by (or informant)
 How Secured:

If Veteran, State War # *2*
 Occupation *Soldier* *unk* (Social Security Number)

Employer and Address *Government*
 Date of Death *July 25, 1945* *unk* (Date) (Hour)
 Date of Birth *May 1, 1919* (Date) (Hour)

Age *26* *2* *24* (Years) (Months) (Days)
 Date of Funeral *Mar. 25 - Fri* *2 P.M.* (Date) (Day of Week) (Hour)

Services at: *Chapel*
 Clergyman: *V. F. W.'s* *Sonoma* (Address)

Religion of the Deceased
 Birthplace *Calif*
 Resided in the State *Life* (or U. S. or City or County) (Years) (Months)

Place of Death *Japan*
 Cause of Death


Contributory Causes
 Certifying Physician *Killed in Action* (or Coroner)

His Address:
 Name of Father *Edgar Perkins*
 His Birthplace

Maiden Name of Mother
 Her Birthplace

Motor } Remains to
 Ship }
 Size of Casket *Government* (State Color and Number)

Manufactured by:
 Cemetery } *Mt. Cemetery Sonoma Calif.*
 Crematory }

Diagram of Lot or Vault  Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays).....	\$	
Casket.....		
Burial Vault or Box.....	(State Kind)	
Embalming Body.....	(Name of Embalmer)	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body, \$.....	Underwear, \$.....	
Suit or Dress.....	(State Kind and Color)	
Slippers, \$.....	Hose, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Spray, \$.....	Gloves, \$.....	5.00
Funeral Car, \$.....	Ambulance, \$.....	
Limousines to Cemetery.....	@ \$.....	
Extra Limousines.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....	(State Number and District)	4. -
Certif. Copies of Death Certificates No.....	(State Physician's or Coroner's)	
Pall Bearer Service, \$.....	Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		
Cremation.....		
Flowers, \$.....	Palms, \$.....	Matting, \$.....
Rental of Tent, \$.....	of Temporary Vault, \$.....	
Opening of Grave or Tomb.....		68
Lining Grave, \$.....	Lowering Device, \$.....	
Outlay for Shipping Charges.....		
Clergyman, \$.....	Singers, \$.....	Organist, \$.....
Railroad } Tickets, \$.....	Aero-plane Service, \$.....	
or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....		
Out of town Undertaker's Charges.....		
Personal Service.....		
Record & Memory Book.....		2.50
line Death Notices in.....	Papers.....	2.56
(Names of Newspapers)		
Sales Tax <i>on gloves</i>		13
Total Footing of Bill.....		80.94
Less.....		
Balance.....		
Entered into Ledger, page.....	or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
<i>Mar. 25</i>	<i>Statement</i>	\$.....			\$.....
	" "	\$.....	<i>April 5 49</i>	<i>In full</i>	<i>80.94</i>
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed.....
 Witness..... Address.....
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 23 1949

Name of Deceased Amelia Curcio
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: 139 Spain St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Settimo
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Jack Walton

Address: Island Hotel Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Home no (Social Security Number)

Employer and Address

Date of Death March 23 1949 5:50 P.M.
 (Date) (Hour)

Date of Birth May 30 1869
 (Date) (Month) (Days)

Age 79 9 23
 (Years) (Months) (Days)

Date of Funeral May 26 Sat. 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State 60 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Home Island Hotel (State Number and District)

Cause of Death:

Contributory Causes:

Certifying Physician A. K. McHugh M.D.
 (or Coroner)

His Address Sonoma, Calif.

Name of Father:

His Birthplace:

Maiden Name of Mother Matilda Martini

Her Birthplace:

Motor } Remains to
 Ship }

Size of Casket metal 1/2 c. (State Color and Number)

Manufactured by Sound Casket Co.
 Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 740

Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges Cemetery Sexton \$ 5.00
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: Opening Vault
 Cremation Door Spray \$ 2.50
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced \$ 15.00
 Out of town Undertaker's Charges
 Personal Service Democrat \$ 2.00
Index Tribune \$ 2.50
 line Death Notices in Papers
Examined 2 days \$ 16.38
Chronicle \$ 13.86
Napa Register \$ 2.50
 Sales Tax \$ 9.25
 Total Footing of Bill \$ 860.05
 Less Cash discount \$ 37.00
 Balance \$ 823.05

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

77

Complete Funeral (except outlays).....	\$ 460.	-
Casket.....		
Burial Vault or Box.....	15	-
Embalming Body.....		
(Name of Embalmer)		
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body, \$.....	Underwear, \$.....	19.38
Suit or Dress 18.90 484	188 24.05	18.5
(State Kind and Color)		
Slippers, \$.....	Hose, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Spray		
Funeral		

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 23 1949

Name of Deceased Amelia Curcio
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

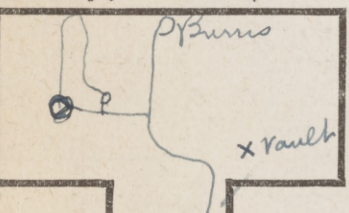
Residence 139 Spain St Sonoma ☐ Husband ☐ Wife ☐ Widow Settimo
 Charge to Mrs. Jack Walton or of Age of Husband or Wife (if living) Years

Address Passione Hotel Sonoma

Order given by (or informant) Complete Funeral (except outlays) \$ 740

How Secured: Casket
 If Veteran, State War no Burial Vault or Box (State Kind)
 Occupation Home no Embalming Body (Name of Embalmer)
 Employer and Address Barber, \$ Hair Dressing, \$
 Date of Death March 23, 1949 5:50 P.M. (Date) (Hour) Dressing Body, \$ Underwear, \$
 Date of Birth May 30, 1869 (Date) (Hour) Suit or Dress (State Kind and Color)
 Age 79 9 23 Slippers, \$ Hose, \$
 Date of Funeral Mar 26 Sat 9:30 A.M. (Date) (Day of Week) (Hour) Folding Chairs, \$ Tarpaulin, \$
 Services at St. Francis Candelabrum, \$ Candles, \$
 Clergyman: Door Spray, \$ Gloves, \$
 Religion of the Deceased Ca Funeral Car, \$ Ambulance, \$
 Birthplace Italy Limousines to Cemetery @ \$
 Resided in the State Ca Extra Limousines @ \$
 Place of Death Home Autos to R. R. Station @ \$
 Cause of Death: Getting Remains from:
 Contributory Causes:
 Certifying Physician A. K. ...
 His Address Sonoma
 Name of Father:
 His Birthplace:
 Maiden Name of Mother Mat
 Her Birthplace:
 Motor } Remains to
 Ship }
 Size of Casket Metal 1/2 C. (State)
 Manufactured by Sound
 Cemetery } Mt. Cemetery
 Crematory }

Diagram of Lot or Vault



Block NO. Owner Balance \$ 823.05

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

77

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 23 1949

Name of Deceased Amelia Cuccini
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 139 Spain St. Sonoma ☐ Husband ☐ Wife ☐ Widow Settimo
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Jack Walton

Address Jascani Hotel Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation None (Social Security Number) no

Employer and Address

Date of Death March 23, 1949 5:50 P.M.
 (Date) (Hour)

Date of Birth May 30, 1869
 (Date) (Month) (Day)

Age 79 9 23
 (Years) (Months) (Days)

Date of Funeral Mar 26 Sat 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State 60 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Home, Jascani Hotel

Cause of Death:

Contributory Causes:

Certifying Physician A. K. Mc Guath M.D.
 (or Coroner)

His Address Sonoma, Italy

Name of Father:

His Birthplace:

Maiden Name of Mother Matilda Martoni

Her Birthplace:

Motor } Remains to
 Ship }

Size of Casket metal 1/2 c.
 (State Color and Number)

Manufactured by Saint Casket Co.
 Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 740

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 37.00

Folding Chairs, \$ Tarpaulin, \$ 37.00

Candelabrum, \$ Candles, \$ 1.85

Door Spray, \$ Gloves, \$ 2.50

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges Cemetery Section 5.00

Procuring Burial Permit 1.00

Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$ 50.00

Gross Total for Sales Tax 40.00

Outlay for Lot 2.50

Cremation 2.50

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced Mass 15.00

Out of town Undertaker's Charges

Personal Service Removal 2.00

..... Indy. Lumber 2.50

..... line Death Notices in Papers

..... Examined 2 days 16.38
 (Names of Newspapers)

..... Chronicle 13.86

..... Napa Register 2.58

Sales Tax 9.25

Total Footing of Bill \$ 860.05

Less cash discount \$ 37.00

Balance \$ 823.05

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance .....	\$ .....	.....	To Balance Forward	\$
.....	By Payment .....	\$ .....	.....	By Payment	\$
.....	" " .....	\$ .....	.....	<u>Paid in full</u>	<u>3-28-49</u>
.....	" " .....	\$ .....	.....	<u>823.05</u>	
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

77

Total No..... Yearly No..... Date of Entry March 25 1949

Name of Deceased Manuel Rogers
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: R.F.D. Sonoma ☐ Husband ☐ Wife ☐ Widow May -
 or..... of } Age of Husband or Wife (if living)..... Years

Charge to: Geo. Silveria

Address: R.F.D. Sonoma

Order given by: Above
 (or informant)

How Secured:.....

If Veteran, State War No

Occupation: Rancher no
 (Social Security Number)

Employer and Address.....

Date of Death: March 25, 1949 3:30 P.M.
 (Date) (Hour)

Date of Birth: June 8, 1875
 (Years) (Months) (Days)

Funeral: Mar 28 Mon 9:12
 (Date) (Day of Week) St Francis

Complete Funeral (except outlays).....	\$ 460
Casket.....	
Burial Vault or Box.....	15 -
Embalming Body.....	
Barber, \$.....	
Dressing Body, \$.....	
Suit or Dress.....	
Slippers, \$.....	
Folding Chairs, \$.....	
Candelabrum, \$.....	
Door Spray.....	
Funeral.....	

3.35 in Coin gun
 1 wallet - papers -
 2. Wallet #500 papers
 1. Dollar watch - 1 Roman wrist watch
 1- pocket knife
 1- bunch keys
 1- steel tape.

(Al Gordon Bayd Miller)

Manuel Rogers -
 P.O. Box 1083, Benicia
 Son - Newman auto camp (?)
 Wagon wheel

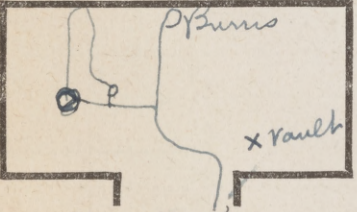
5042

John Biscornini
 Sonoma, Calif

Dw McGrath

3115
 3145
 Father
 Father
 SR

RECORD OF FUNERAL

Total No.....	Yearly No.....	Date of Entry.....	March 23 19 49
Name of Deceased.....	Amelia Cucci		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence.....	139 Spain St. Sonoma		
Charge to.....	Mr. Jack Walton		
Address.....	Jasani Hotel Sonoma		
Order given by.....	(or informant)		
How Secured.....			
If Veteran, State War.....	no		
Occupation.....	Home no		
Employer and Address.....			
Date of Death.....	March 23, 1949 5:50 P.M.		
Date of Birth.....	May 30, 1910		
Age.....	79		
Date of Funeral.....	May 26, 1949		
Services at.....	St. Francis		
Clergyman.....			
Religion of the Deceased.....	Catholic		
Birthplace.....	Italy		
Resided in the State.....	California		
Place of Death.....	Home		
Cause of Death.....			
Contributory Causes.....			
Certifying Physician.....	A. K. Z...		
His Address.....	Sonoma		
Name of Father.....			
His Birthplace.....			
Maiden Name of Mother.....	Mata		
Her Birthplace.....			
Motor Ship } Remains to			
Size of Casket.....	metal 1/2 c.		
Manufactured by.....	Sound		
Cemetery } Mt. Cemetery			
Crematory }			
			
Diagram of Lot or Vault			
Date	To Above Balance		
	By Payment		
	" "		
	" "		
	" "		
	" "		
	" "		
	" "		
	" "		
Insurance \$.....	Na		
I hereby authorize the above Funeral, and	Lo		
for the payment of aforesaid sum, and I h			
maturity at the rate of.....%			
Witness.....			

Complete Funeral (except outlays).....	\$ 7.40
Casket.....	
Burial Vault or Box.....	
Embalming Body.....	
Barber, \$.....	
Dressing Body, \$.....	
Suit or Dress.....	
Slippers, \$.....	
Folding Chairs, \$.....	
Candelabrum, \$.....	
Hose, \$.....	37.00
Tarpaulin, \$.....	37.00
Candles, \$.....	1.85
Gloves, \$.....	
Balance, \$.....	9.25

Belongings of Bates & Evans, the following personal belongings

March 25, 1949

SONOMA, CALIFORNIA

Bates and Evans
Funeral Directors

55 in coin
00
ingraham watch
loamer wrist watch
ocket knife
unch of keys
measure

Son

Signed

Caesar Rogers

RECORD OF FUNERAL

77

Total No. Yearly No. Date of Entry March 25 1949

Name of Deceased Manuel Rogers
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: R.F.D. Sonoma ☐ Husband ☐ Wife ☐ Widow May -
 or, of } Age of Husband or Wife (if living) Years

Charge to: Geo. Silveria

Address: R.F.D. Sonoma

Order given by: Above
 (or informant)

How Secured:

If Veteran, State War No

Occupation: Rancher (Social Security Number) no

Employer and Address: Abb

Date of Death: March 25, 1949 3:30 P.M.
 (Date) (Hour)

Date of Birth: June 8, 1875
 (Years) (Months) (Days)

Funeral: Mar 28 Mon 9:30 A.M.
 (Date) (Day of Week) (Hour)

at: St Francis

nan: (Address)

n of the Deceased: Catholic

ace: San Jose, Calif

l in the State: Calif
 (or U. S. or City or County) (Years) (Months)

f Death: Catholic Cemetery

of Death:

utory Causes:

ing Physician: Vernon Silvershield
 (or Coroner)

ldress: Santa Rosa, Calif

of Father: Rogers

rthplace:

n Name of Mother:

irthplace:

Remains to

Casket: 1909 coa 87
 (State Color and Number)

actured by: St

ry } Catholic Cemetery
 ory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$ 460

Casket
 Burial Vault or Box 15 -
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$ 1.93
 Suit or Dress 18.98 4.84 1.88 2.45 1.85
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$ 2.00
 Funeral Car, \$ Ambulance, \$ 1.50
 Limousines to Cemetery @ \$ 2.00
 Extra Limousines @ \$ 2.50
 Autos to R. R. Station @ \$ 1.25
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)

— Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation: extra for "Cone in" 2
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service: mass 15.00

..... line Death Notices in Papers
Index Tribune 2.56
 (Names of Newspapers)

Sales Tax 6.13
 Total Footing of Bill \$ 546.92
 Less: 23.75 - 30 days \$ 23.75
 Balance \$ 523.17

Entered into Ledger, page or below.

No.	Cov.	Date	Amount Paid	Balance
1909- H.P.	87			
To Balance Forward \$				
By Payment \$				
" <u>May 31</u> \$ <u>523.17</u>				
" <u>3-31-49</u> \$				
" \$				
" \$				
" \$				

Names of Lodges: Insurance Companies:

I authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 y at the rate of % per annum.

Signed:
 Address:

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 28 1949

Name of Deceased Winifred Biedermann

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Frank

Residence 405 E. Napa Sonoma ☐ Husband ☐ Wife ☐ Widow or of } Age of Husband or Wife (if living) Years

Charge to Jack Biedermann

Address 560 Oakland Ave Oakland

Order given by Above (or informant)

How Secured

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death March 28, 1949 4 P.M. (Date) (Hour)

Date of Birth Nov 15, 1893 (Date)

Age 55 4 13 (Years) (Months) (Days)

Date of Funeral March 31 Thurs 10 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace San Francisco Calif

Resided in the State Calif (or U.S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician A. K. McHugh M.D. (or Coroner)

His Address Sonoma, Calif

Name of Father John McGovern

His Birthplace Ireland

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket Orchid (State, Color and Number)

Manufactured by Sutter Casket Co.

Cemetery } Catholic Cemetery

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 3.50

Casket \$ 1.50

Burial Vault or Box (State Kind) \$ 1.50

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 1.50

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$ 1.90

Door Spray, \$ Gloves, \$ 1.00

Funeral Car, \$ Ambulance, \$ 9.50

Limousines to Cemetery @ \$ 4.75

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 2.50

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mass 1.50

Index Tribune 2.56

..... line Death Notices in Papers 7.03

Call Bulletin 6.46

Sales Tax 4.75

Total Footing of Bill \$ 425.80

Less 18.25 - 30 days' \$ 407.55

Balance \$ 407.55

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

79

[illegible]

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 10 1949

Name of Deceased Giacomo Rigoni
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 141 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Charge to Mrs. Stohilde Rigoni or of } Age of Husband or Wife (if living) Years

Address Above

Order given by herself (or informant)

How Secured:

If Veteran, State War No

Occupation (Social Security Number)

Employer and Address

Date of Death April 10, 1949 - (Date) (Hour)

Date of Birth April 16, 1870 - (Date) (Hour)

Age 78 (Years) (Months) (Days)

Date of Funeral April 13 - Wed 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel St Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State 50 years (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes:

Certifying Physician A. K. McQuate M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father:

His Birthplace Italy

Maiden Name of Mother:

Her Birthplace Italy

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by S. F.

Cemetery } mt Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 180 -

Casket
 Burial Vault or Box \$ 15 -
 Embalming Body (State Kind)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 14.00 14.30 \$ 14.30 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit \$ 4 -
 Certif. Copies of Death Certificates No. (State Number and District)
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 55.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass \$ 15.00
 line Death Notices in Papers
Indef. Tribune \$ 2.56
Casket Spray \$ 12.50
 Sales Tax \$ 2.63
 Total Footing of Bill \$ 300.94
 Less 9.75 - 30 days \$ 300.99
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>May 2, 1949</u>	<u>To Above Balance</u>			<u>To Balance Forward</u>	
	By Payment			By Payment	
	"		<u>May 25 49</u>	"	<u>291.24</u>
	"			"	
	"		<u>In full</u>	"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

81

[illegible]

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 18 1949

Name of Deceased Stewart, Fred Rhodes

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 4th St East Sonoma ☐ Husband ☐ Wife ☐ Widow Fuller

Charge to Mrs. Fuller Rhodes or of Age of Husband or Wife (if living) Years

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Carpenter 567-07-4772 (Social Security Number)

Employer and Address

Date of Death April 18, 1949 12:25 P.M. (Date) (Hour)

Date of Birth May 29, 1890 (Date) (Month) (Day)

Age 58 (Years) (Months) (Days)

Date of Funeral April 21 - Thurs 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Quincy Hamilton Sonoma (Address)

Religion of the Deceased

Birthplace Texas

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Hospital Sonoma

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews (or Coroner)

His Address Sonoma, Calif

Name of Father Robert L. Rhodes

His Birthplace

Maiden Name of Mother Mattie Ann Schor

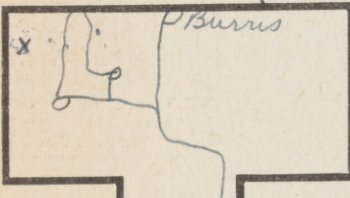
Her Birthplace

Motor } Remains to
Ship }

Size of Casket Golden State Casket Co (State Color and Number)

Manufactured by Grey Bedcloth

Cemetery } Mt. Cem. Sonoma
Crematory }

Diagram of Lot or Vault 

Lot No. Grave No. Section No. Block No. Owner

Complete Funeral (except outlays) \$ 30.7

Casket \$ 1.5

Burial Vault or Box (State Kind) \$ 1.5

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ \$

Dressing Body, \$ Underwear, \$ \$

Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Door Spray, \$ Gloves, \$ \$

Funeral Car, \$ Ambulance, \$ \$

Limousines to Cemetery @ \$ \$

Extra Limousines @ \$ \$

Autos to R. R. Station @ \$ \$

Getting Remains from \$

Taking Remains to \$

Trip to Coroner's Inquest \$

Delivering Box to \$

Deliver Flowers to \$

Removal Charges \$

Procuring Burial Permit (State Number and District) \$

Certif. Copies of Death Certificates No. (State Physician's or Coroner's) \$

Pall Bearer Service, \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$

Flowers, \$ Palms, \$ Matting, \$ \$

Rental of Tent, \$ of Temporary Vault, \$ \$

Opening of Grave or Tomb \$ 55.00

Lining Grave, \$ Lowering Device, \$ \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$ \$

Railroad } Tickets, \$ Aero- plane Service, \$ \$

Telegr., Phone, Cable or Radio Charges \$

Cash Advanced Casket Spray \$ 20.00

Out of town Undertaker's Charges \$

Personal Service Funeral Home \$ 10.50

..... Music Box \$ 7.50

..... line Death Notices in Papers \$ 2.50

..... Index Tribune (Names of Newspapers) \$

Sales Tax \$ 4.21

Total Footing of Bill \$ 422.27

Less 16.10 30 days \$ 16.10

Balance \$ 406.17

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

83

Total No. Yearly No. Date of Entry April 26 1949
 Name of Deceased Pierre Valmore Gaudreau
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt. 1 Box 98 Sonoma ☐ Husband ☐ Wife ☐ Widow
 Charge to Pierre V. Gaudreau or of Age of Husband or Wife (if living) Years

Address Above
 Order given by (or informant)
 How Secured
 If Veteran, State War no
 Occupation none (Social Security Number)
 Employer and Address April 26 1949 at 20
 Complete Funeral (except outlays) \$ 12.50
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 6.25
 6.25
 3.125
 15.625

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 7840

RECEIVED FROM M Bates & Evans Santa Rosa, California April 30 1949
Sonoma, Calif

Crematorium Services For Pierre Valmore Gaudreau Jr. 20 00
 Memorial Section
 --including endowment fund deposit--
 Tier No.
 Urn Chest Sales Tax
 Flower Service } Twice } Each Week, from to
 { Rental } Once }
 { Care } from to Engraving Permit
 Total 20 00 20.00

Credits
 Received Twenty and no/100 Dollars 20 00
 Check No. 90-667 Record No. 3549
 Present Balance
 CALIFORNIA CREMATORIUM
 Per J. J. Brothers

Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 4/0 white Lamb
 (State Color and Number)
 Manufactured by
 Cemetery } Chapel of the Chimes, S.R.
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Music Rev. De Jong 5 00
 line Death Notices in Papers 10 00
 (Names of Newspapers)
 Sales Tax 1 56
 Total Footing of Bill \$ 161 56
 Less 6.25 30 days \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE <u>4/0</u>	No. <u>0</u>	Cov. <u>white Lamb</u>	Balance Forward		\$
DESCRIPTION: <u>Lined Rego</u>			Payment		\$
HANDLES: <u>4</u> <u>401- Hds</u>			<u>May 8-49</u>		\$
			<u>" On acc't</u>	<u>50 00</u>	\$
			<u>"</u>	<u>50</u>	\$
			<u>July 7, 1949</u>		\$
			<u>Nov 3</u>	<u>31 56</u>	\$
			<u>"</u>		\$
			<u>"</u>		\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness 6/7/51 Litter Signed
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 18 1949

Name of Deceased Stewart Fred Rhodes

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: 4th St East Sonoma ☐ Husband ☐ Wife ☐ Widow } Lullie
or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Lullie Rhodes

Address: Above

Order given by: (or informant)

How Secured:

If Veteran, State War No.

Occupation Carpenter 567-07-4772
(Social Security Number)

Employer and Address

Date of Death April 18, 1949 12:25 PM
(Date) (Hour)

Date of Birth May 29, 1890

Age 58
(Years) (Months) (Days)

Date of Funeral April 21, Thurs 11 A.M.
(Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman Quincy

Religion of the Deceased

Birthplace Texas

Resided in the State (or U. S. or C.)

Place of Death Hospice

Cause of Death

Contributory Causes

Certifying Physician Carroll
(or)

His Address Sonoma, Ca

Name of Father Robert L.

His Birthplace

Maiden Name of Mother Mattie

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Golden State
(State Color and No.)

Manufactured by: Gray Bedch

Cemetery } Mt. Cem. Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 307 -

Casket

Burial Vault or Box (State Kind) 1.5 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 1.50

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$ 1.00

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance

Limousines to Cemetery

Extra 10.50

Death Notices in Papers 2.50
(Names of Newspapers)

Sales Tax 4.21

Total Footing of Bill \$ 422.27

Less 16.10 30 days \$ 16.10

Balance \$ 406.17

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

83

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE 4/0	No. 0	Cov. White Lamb	o Balance Forward...		\$
DESCRIPTION: Lined Rego			y Payment		\$
			May 8-49		\$
			" On acct	50.00	\$
			" " 9-acc	50	\$
HANDLES: 4 401- Hds			July 7, 1949		\$
			Nov 3	31.56	\$
			" "		\$

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry 1949

Name of Deceased Bella M. Clary Evans

☐ Married ☐ Single ☒ Widowed ☐ Divorced

Residence Peebles Rest Home

☐ Husband ☐ Wife ☐ Widow } Edward R.

or of } Age of Husband or Wife (if living) Years

Charge to

Address

Order given by (or informant)

How Secured

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death April 20, 1949 - 3 P.M.

Date of Birth March 16, 1864

Age 85

Date of Funeral April 23, Sat. 10 A.M.

Services at Church of Christ

Clergyman Everett Alexander S.R.

Religion of the Deceased

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Peebles Rest Home

Cause of Death 627. College -

Contributory Causes Cerebral Hemorrhage

Certifying Physician W.C. Shipley

His Address Santa Rosa

Name of Father John M. Clary

His Birthplace

Maiden Name of Mother Anne Harmany

Her Birthplace

Motor } Remains to

Ship }

Size of Casket 87 (State Color and Number)

Manufactured by S. F.

Cemetery } Forestville, Calif.

Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) Cost \$ 119.45

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 14.35

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to 2.50

Trip to Coroner's Inquest

Delivering Box to marker 2.50

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$ (State Physician's or Coroner's)

Gross Total for Sales Tax \$

Outlay for Lot Headstone 123.25

Cremation P.D. Byck

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges 20.00

Personal Service Flowers 2.50

Sec. chg. - Opening & Box 45.50

line Death Notices in Papers

Democrat 2.00

(Names of Newspapers)

Sales Tax 1.49

Total Footing of Bill \$ 209.79

Less \$

Balance \$

Entered into Ledger, page or below.

SIZE 6/6 No. 4538-1 CWP Cov. 272

DESCRIPTION: Sabina of Empress Full lined
1 on B & Bp

HANDLES: 652-6x0-H11

[illegible]

Insurance \$	Names of Lodges	Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....

Witness..... Address.....

RECORD OF FUNERAL

85

Total No. Yearly No. Date of Entry April 28 19 49

Name of Deceased Alexander David Crivelli W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Mrs. Emma C. Crivelli
 Charge to Mrs. Emma C. Crivelli
 Address:
 Order given by: (or informant)
 How Secured:
 If Veteran, State War no
 Occupation Barryman no (Social Security Number)
 Employer and Address:
 Date of Death April 28, 1949 9:45 A
 Date of Birth May 4, 1884
 Age 64 (Years) (Months) (Days)
 Date of Funeral April 30 Lat 10:00 A
 Services at St. Francis
 Clergyman: (Address)
 Religion of the Deceased Catholic
 Birthplace Switzerland
 Resided in the State: (or U. S. or City or County) (Years) (Months)
 Place of Death Point Reyes, Calif

Complete Funeral (except outlays) \$ 8.10
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 Bell Ringer Service \$ (State Physician's or Coroner's)
 Use of Chapel, \$

No. April 29 1949

RECEIVED OF Bots & Evans

Waller - watch + knife Dollars

The effects of Mr. A. D. Crivelli

\$ 24.85 C. Crivelli

Cemetery } Catholic Cem. Sonoma (Names of Newspapers)
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:
 Sales Tax
 Total Footing of Bill \$ 909.46
 Less 41.25 30 days \$ 41.25
 Balance \$ 868.21
 Entered into Ledger, page or below.

SIZE	No.	Croton HP Sealer	Cov.	Heather	Date	Amount Paid	Balance
6/6							
DESCRIPTION: <u>Baron panel & Pillow full lined eggshell</u>					To Balance Forward	\$	\$
<u>Primrose, eggshell Bally B&P</u>					By Payment	\$ <u>868.21</u>	\$
HANDLES:					"	\$	\$
					"	\$	\$
					"	\$	\$
					"	\$	\$
					"	\$	\$
					"	\$	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	April 20 1949
Name of Deceased	Bella McClary Evans		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence	Peebles Rest Home -		
Charge to	or of } Age of Husband or Wife (if living) Years		
Address	Complete Funeral (except outlays)		
Order given by	Casket		
How Secured	Burial Vault or Box		
If Veteran, State War	Embalming Body		
Occupation	Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress		
Employer and Address	Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from Taking Remains to Trip to Coroner's Inquest Delivering Box to Deliver Flowers to Removal Charges Procuring Burial Permit		
Date of Death	April 20, 1949 - 3 P.M.		
Date of Birth	March 16, 1864		
Age	85		
Date of Funeral	April 23, Sat. 10 A.M.		
Services at	Church of Christ		
Clergyman	Everett Alexander S.R.		
Religion of the Deceased	Methodist		
Birthplace	Pennsylvania		
Resided in the State	(or U. S. or City or County) (Years) (Months)		
Place of Death	Peebles Rest Home		
Cause of Death	627 - Colic		
Contributory Causes	Cerebral Hemorrhage		
Certifying Physician	W.C. Shipley (or Coroner)		
His Address	Santa Rosa		
Name of Father	John McClary		
His Birthplace	Ohio		
Maiden Name of Mother	Anne Harman		
Her Birthplace	Ohio		
Motor Ship } Remains to	Personal Service		
Size of Casket	Sub Chg. Opening Box		
Manufactured by	line Death Notices in Papers		
Cemetery } Crematory } ..... .....	..... ..... .....	
Lot No.	Sales Tax		
Grave No.	Total Footing of Bill		
Section No.	Less		
Block No.	Balance		
Owner	Entered into Ledger, page or below.		

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

85

Occupation *Lawyer* *no* . Dressing Body, \$..... Underwear, \$.....

Dressing Body, \$.....	Underwear, \$.....
------------------------	--------------------	-------

$$\begin{array}{r} 40500 \\ 1500 \\ \hline 42000 \\ 42000 \\ 21000 \\ \hline 105000 \end{array}$$
[illegible]

HANDLES:

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 29 1949
 Name of Deceased Euphemia McDonald
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Boys Springs, Calif. ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Mrs. J. L. Smith or of } Age of Husband or Wife (if living) Years
 Address: San Mateo, Cal.
 Order given by: Del. Fireside 59116
 (or informant)
 How Secured:
 If Veteran, State War
 Occupation: at home (Social Security Number)
 Employer and Address (State Kind and Color)

Complete Funeral (except outlays) \$ 2.20 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slipper
 11000
 1500
 12500
 12500
 6250
 31250

Bates & Evans

Funeral Directors

BROADWAY ST.

SONOMA, CALIFORNIA

TELEPHONE 2686

Sonoma, California 19

To Sonoma County Hospital

Please release the remains of Euphemia McDonald

deceased, to Bates and Evans, Funeral Directors, to be prepared for interment. Also, all other personal effects, now in your possession, not subject to an Order of Court.

Name Grace A. Smith
 Address 150-134 Ave San Mateo
 Relation to deceased Niece

Size of Casket (State Color and Number)

Manufactured by: 57

Cemetery } Catholic Cemetery
 Crematory }



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

line Death Notices in Papers
 we typed notices no chg.

(Names of Newspapers)

Sales Tax 3.13

Total Footing of Bill \$ 27.13

Less 11.75 - 30 days \$ 15.38

Balance \$ 26.63

Entered into Ledger, page or below.

Date

Amount Paid

Balance

Date

Amount Paid

Balance

SIZE

No.

Cov.

6/3

9405- Slip Cap

Gray D03

DESCRIPTION:

Lined Sunray Rd Pillow

HANDLES:

1 Doz. 382- H01s

May 7, 1949 Statement

Insurance \$ Names of Insurance Companies
 Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed:

Witness: Address:

RECORD OF FUNERAL

87

Total No. Yearly No. Date of Entry April 29 19 49

Name of Deceased Royce McCoy
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Geo McCoy
 Charge to: Geo McCoy
 Address: P.O. Box 222 - Glouven
 Order given by: himself (or informant)
 How Secured:
 If Veteran, State War:
 Occupation: none (Social Security Number)
 Employer and Address: 29
 Date of Death: April 30, 1949 9 A.M. - (Date) (Hour)
 Date of Birth: April 28, 1949
 Age: (Years) (Months) (Days) has
 Date of Funeral: April 30 - Sat 3 P.M. (Date) (Day of Week) (Hour)
 Services at: Grassside
 Clergyman: Roberts (Address)
 Religion of the Deceased:
 Birthplace: Santa Rosa
 Resided in the State: Calif (or U.S. or City or County) (Years) (Months)
 Place of Death:
 Cause of Death:
 Contributory Causes:
 Certifying Physician: (or Coroner)
 His Address:
 Name of Father: Geo McCoy
 His Birthplace:
 Maiden Name of Mother: Lena
 Her Birthplace:
 Motor } Remains to
 Ship }
 Size of Casket: 2/0 - white Lamb (State Color and Number)
 Manufactured by: S. F.
 Cemetery } Catholic
 Crematory }

Complete Funeral (except outlays) \$ 34.58
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax Grave \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 ... line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 70
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 30</u>	" "	\$ <u>70</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed:
 Witness: Address:
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 29 1949
 Name of Deceased Euphemia McDonald
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.
 Residence: Boys Springs, Calif. ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Mrs. J. L. Smith or of } Age of Husband or Wife (if living) Years
 Address: San Mateo, Cal.
 Order given by: Del. Fire-side 59116
 (or informant)

How Secured:
 If Veteran, State War
 Occupation at home (Social Security Number)
 Employer and Address
April 29, 1949 1:05 P.
 (Date) (Hour)
Nov. 20, 1876
 (Date) (Day of Week) (Hour)
72
 (Years) (Months) (Days)
May 2, Monday 9:30 A.M.
 (Date) (Day of Week) (Hour)
St. Francis
 (Address)

the Deceased Catholic (Address)
Calif.
 the State Sanoma Co. Hospital (or U. S. or City or County) (Years) (Months)
 Death Generalized Peritonitis (State Physician's or Coroner's)
 Death Cerebral Peritonitis (State Physician's or Coroner's)
 Primary Causes
 Physician Dr. C. McNeilly, M.D. (or Coroner)
Sanoma Co. Hospital
 Father John McDonald
 place
 Name of Mother Janne Mearran
 place
 remains to

Complete Funeral (except outlays) \$ 220.00
 Casket
 Burial Vault or Box \$ 1.50
 Embalming Body (State Kind)
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 2.50.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- }
 on Motor } plane } Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Mass \$ 1.50
 line Death Notices in Papers
we typed notices no chg. (Names of Newspapers)
 Sales Tax \$ 3.13
 Total Footing of Bill \$ 27.13
 Less 11.75 - 30 days \$ 15.38
 Balance \$ 26.63
 Entered into Ledger, page or below.

Size of Casket (State Color and Number)
 Manufactured by: 57
 Cemetery } Catholic Cemetery
 Crematory }
 Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Date Amount Paid Balance
 SIZE 6/3 No. 9408- Slip Cap Cov. Gray D03
 DESCRIPTION: Lined Gunray Rd Pillow
 HANDLES: 1 Doz. 382- Hds

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

May 7, 1949 "Statement"
 Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

May 7, 1949 "Statement"
 Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

May 7, 1949 "Statement"
 Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

May 7, 1949 "Statement"
 Insurance \$ Names of Lodges Insurance Companies
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 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

May 7, 1949 "Statement"
 Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

May 7, 1949 "Statement"
 Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

87

Total No. Yearly No. Date of Entry April 29 19 49

Name of Deceased Royce McCoy
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence:
 Charge to: Geo. McCoy
 Address: P.O. Box 222 - Elvans
 Order given by himself
 How Secured
 If Veteran, State War
 Occupation none (Social Security Number)
 Employer and Address 29
 Date of Death April 30, 1949 9:45 M.
 Date of Birth April 28, 1949
 Age (Years) (Months) (Days) has
 Date of Funeral April 30, Sat 3 P. M.
 Services at San Jacinto
 Clergyman Roberts (Address)
 Religion of the Deceased
 Birthplace Santa Rosa
 Resided in the State Loze (or U. S. or City or County) (Years) (Months)
 Place of Death
 Cause of Death
 Contributory Causes
 Certifying Physician (or Coroner)
 His Address
 Name of Father Geo. McCoy
 His Birthplace
 Maiden Name of Mother Lena
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 2/0 - white Lamb (State Color and Number)
 Manufactured by S. F.
 Cemetery } Catholic
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Complete Funeral (except outlays) \$ 24.58
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax 1.50 \$
 Outlay for Lot 1.50 \$
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 1.50 \$
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 70.00
 Less
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance	\$ .....	.....	To Balance Forward	\$
.....	By Payment	\$ .....	.....	By Payment	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance.....			\$.			To Balance Forward....			\$.	
	By Payment.....	\$.		\$.			By Payment.....	\$.		\$.	
	" ".....	\$.		\$.			" ".....	\$.		\$.	
Statement	" ".....	\$.		\$.		May 8-48	on "acc	\$200	00	\$.	
To Mr. Smith	" ".....	\$.		\$.			" on "acc	\$303	00	\$.	
	" ".....	\$.		\$.		June 2	" ".....	\$150	00	\$.	
	" ".....	\$.		\$.			" ".....			\$.	
	" ".....	\$.		\$.			" ".....			\$.	

Compiled by F. J. FEINEMAN, St. Louis, Mo.

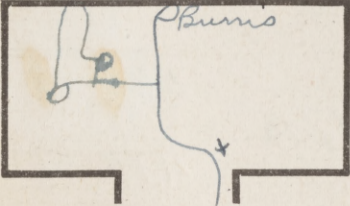
RECORD OF FUNERAL

89

Total No. Yearly No. Date of Entry May 5 1949
 Name of Deceased Susan Revie White
☐ Married ☐ Single ☒ Widowed ☐ Divorced
 Residence: Napa St. between 3rd & 4th ☐ Husband ☒ Wife ☐ Widow } John Craig Revie (What Race)
 Charge to: Charles Revie or of Age of Husband or Wife (if living) Years

Address: Napa Street
 Order given by (or informant)
 How Secured:
 If Veteran, State War None
 Occupation at home (Social Security Number)
 Employer and Address
 Date of Death May 5 49 4:30 PM (Date) (Hour)
 Date of Birth Jan 2 1870 (Date) (Month) (Day)
 Age 79 (Years) (Months) (Days)
 Date of Funeral May 7 49 Sat 2 P. (Date) (Day of Week) (Hour) M.
 Services at: Chapel
 Clergyman: Dwight Hamilton (Address)
 Religion of the Deceased
 Birthplace Sonoma, Cal
 Resided in the State Cal (or U. S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Myocardial Failure
 Contributory Causes Arteriosclerosis

Certifying Physician A. R. Mc Grath (or Coroner)
 His Address: Sonoma, Cal
 Name of Father John Maxwell Cheney
 His Birthplace Ill.
 Maiden Name of Mother Tommy Hargis
 Her Birthplace Unknown
 Motor } Remains to
 Ship }
 Size of Casket (State Color and Number)
 Manufactured by Ann F. San Co.
 Cemetery } Mt. Cemetery
 Crematory }



Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 308.10
 Casket
 Burial Vault or Box Outside Box 15.00 (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 15.40 (State Kind and Color)
 Slippers, \$ Hose, \$ 15.00
 Folding Chairs, \$ Tarpaulin, \$ 16.90
 Candelabrum, \$ Candles, \$ 16.90
 Door Spray, \$ Gloves, \$ 8.45
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit Cemetery Permit 1.00 (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 55.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Index Tribune 2.50
 line Death Notices in Papers
Press Democrat 2.00
Examiner 7.41
Dwight Hamilton 10.00
 Sales Tax 4.23
 Total Footing of Bill \$ 405.20
 Less \$ 16.15
 Balance \$ 389.05
 Entered into Ledger, page or below.

Date	No.	Amount Paid	Cov.	Balance	Date	Amount Paid	Balance
6/3	9389		378		June 4 49	To Balance Forward	
						By Payment	389.05
						" "	
						" "	
						" "	
						" "	
						" "	
						" "	
						" "	
						" "	
						" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	May 8 1949																																																																																																		
Name of Deceased	Araminta Pauline Bollensch		white																																																																																																		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)																																																																																																				
Residence	4737 M St. Sacramento	<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow																																																																																																			
Charge to	Mrs Hazel Stickel	or	Age of Husband or Wife (if living)																																																																																																		
Address	Rt 1 Box 222 Sonoma																																																																																																				
Order given by	above	(or informant)																																																																																																			
How Secured																																																																																																					
If Veteran, State War																																																																																																					
Occupation	Housewife	559-30-9082	(Social Security Number)																																																																																																		
Employer and Address																																																																																																					
Date of Death	May 8 1949	10:10 PM	(Date) (Hour)																																																																																																		
Date of Birth	Sept 1 - 1914		(Date)																																																																																																		
Age	34		(Years) (Months) (Days)																																																																																																		
Date of Funeral	May 11 - 49	Wed - 11 A.M.	(Date) (Day of Week) (Hour)																																																																																																		
Services at	Chapel																																																																																																				
Clergyman	Rev. Champlin	(Address)																																																																																																			
Religion of the Deceased																																																																																																					
Birthplace	Woodacre, California																																																																																																				
Resided in the State	Life	(or U. S. or City or County) (Years) (Months)																																																																																																			
Place of Death	Sonoma Valley Com Hosp																																																																																																				
Cause of Death	Chronic Glomerulonephritis																																																																																																				
Contributory Causes	Arteriosclerotic Cardiovascular Disease																																																																																																				
Certifying Physician	Grant Fletcher	(or Coroner)																																																																																																			
His Address	Sonoma, Calif.																																																																																																				
Name of Father	William F. White																																																																																																				
His Birthplace																																																																																																					
Maiden Name of Mother	Mary E. Allen																																																																																																				
Her Birthplace																																																																																																					
Motor } Remains to																																																																																																					
Ship }																																																																																																					
Size of Casket	5' x 2' x 2'	(State Color and Number)																																																																																																			
Manufactured by	MT Cem																																																																																																				
Cemetery }																																																																																																					
Crematory }																																																																																																					
Lot No.																																																																																																					
Grave No.																																																																																																					
Section No.																																																																																																					
Block No.																																																																																																					
Owner																																																																																																					
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SIZE 6/3 No. 9389 Cov. 378

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0-Hdls

Statement May 17-49

Insurance \$	Names of Lodges	Insurance Companies
--------------	-----------------	---------------------

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Address.....

RECORD OF FUNERAL

91

Total No. Yearly No. Date of Entry May 13 1949

Name of Deceased Marine M. Ayres
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) white

Residence: Rt. 1 Box 122 Glen Ellen ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Fred H. Ayers

Address: Rt. 1 Box 122 Glen Ellen

Order given by: Above
 (or informant)

How Secured:

If Veteran, State War: None

Occupation: None
 (Social Security Number)

Employer and Address

Date of Death: May 13, 1949 7:30 AM
 (Date) (Hour)

Date of Birth: May 12, 1949
 (Date)

Age:
 (Years) (Months) (Days)

Date of Funeral: May 15, 1949 Sunday 3 P.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Quincy Hamilton
 (Address)

Religion of the Deceased

Birthplace: Sonoma, Calif.

Resided in the State:
 (or U. S. or City or County) (Years) (Months)

Place of Death: Sonoma Community Hosp.

Cause of Death: Erythroblastosis Fetalis

Contributory Causes

Certifying Physician: Wm. J. Newman M.D.
 (or Coroner)

His Address: Sonoma, Calif.

Name of Father: Fred H. Ayers

His Birthplace: California

Maiden Name of Mother: Susan E. Peters

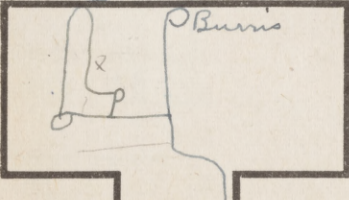
Her Birthplace

Motor } Remains to
 Ship }

Size of Casket: 20
 (State Color and Number)

Manufactured by: Cary Casket Co.

Cemetery } Mountain Cemetery
 Crematory }

Diagram of Lot or Vault 

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 34.58

Casket

Burial Vault or Box
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pal Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 20.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service \$ 4.00

Line Death Notices in Papers \$ 6.00
 (Names of Newspapers)

Sales Tax \$ 42

Total Footing of Bill \$ 65.00

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Statement May 17 49</u>	By Payment	\$		By Payment	\$
" "	"	\$		" "	\$
" "	"	\$		" "	\$
" "	"	\$	<u>Jan. 11</u>	" <u>Jan. 11</u>	\$ <u>65.00</u>
" "	"	\$		" "	\$
" "	"	\$		" "	\$
" "	"	\$		" "	\$
" "	"	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

93

Total No. Yearly No. Date of Entry May 20 1949

Name of Deceased Kerry Robert Thibeau white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence #2 Sunnyside Ave, Laguna Caliente ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Harvey Thibeau Jr.

Address above

Order given by above
 (or informant)

How Secured:

If Veteran, State War

Occupation None (Social Security Number)

Employer and Address

Date of Death May 20, 1949 about 7 AM
 (Date) (Hour)

Complete Funeral (except outlays) \$ 34.58

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 1.72

Folding Chairs, \$ Tarpaulin, \$ 1.72

Candelabrum, \$ Candles, \$ 86

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 7904

RECEIVED FROM M Bates & Evans Santa Rosa, California, May 23 1949

Crematorium Services For Kerry Robert Thibeau 20.00

Memorial Section
--including endowment fund deposit--

Urn Chest Sales Tax

Flower Service { Twice Once } Each Week, from to

{ Rental Care } from to Engraving Permit

Total 20.00

Credits

Received Twenty + no/00 Dollars 20.00

Check No. 90-667 Record No. 3568

Present Balance
CALIFORNIA CREMATORIUM
Per W. Hamilton

Per Birthplace

Motor } Remains to
Ship }

Size of Casket 2 (State Color and Number)

Manufactured by S.F.C.C.

Cemetery } Chapel of Chimes
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Out of town Undertaker's Charges

Personal Service Wm. Hamilton 5.00

line Death Notices in Papers

(Names of Newspapers)

Sales Tax 42

Total Footing of Bill \$ 60.00

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

93

Total No. Yearly No. Date of Entry... May 20 1949
 Name of Deceased... Kerry Robert Thibeau white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence... #2 Sunnyside Ave. Aqua Caliente ☐ Husband ☐ Wife ☐ Widow
 or... of } Age of Husband or Wife (if living)..... Years
 Charge to... Harvey Thibeau Jr.
 Address... above
 Order given by... above (or informant)
 How Secured:.....
 If Veteran, State War.....
 Occupation... none (Social Security Number)
 Employer and Address.....
 Date of Death... May 20, 49 about 7 AM
 (Date) (Hour)

Complete Funeral (except outlays).....\$ 34.58
 Casket.....
 Burial Vault or Box..... (State Kind)
 Embalming Body..... (Name of Embalmer)
 Barber, \$..... Hair Dressing, \$.....
 Dressing Body, \$..... Underwear, \$.....
 Suit or Dress..... (State Kind and Color)
 Slippers, \$..... Hose, \$.....
 Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 7904

RECEIVED FROM M Bates & Evans Santa Rosa, California May 23, 1949
Simona Calif
 Crematorium Services For Kerry Robert Thibeau 20 00
 Memorial Section
 --including endowment fund deposit--
 Urn Chest Sales Tax
 Flower Service { Twice Once } Each Week, from to
 { Rental Care } from to Engraving Permit
 Total 20 00
 Credits
 Received Twenty + no 100 Dollars 20 00
 Present Balance
 CALIFORNIA CREMATORIUM
 Per W. Hamilton
 Check No. 90-667 Record No. 3568

Her Birthplace.....
 Motor } Remains to.....
 Ship }
 Size of Casket... 2 0 (State Color and Number)
 Manufactured by S.F.C.C.
 Cemetery } Chapel of Chimes
 Crematory }
 Diagram of Lot or Vault

Out of town Undertaker's Charges.....
 Personal Service... W. Hamilton 5 00
Quincy
 ...line Death Notices in... Papers
 (Names of Newspapers)
 Lot No.....
 Grave No.....
 Section No.....
 Block No.....
 Owner.....
 Sales Tax.....
 Total Footing of Bill.....\$ 60.00
 Less.....
 Balance.....
 Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....		\$	To Balance Forward.....		\$
By Payment.....	\$	\$	By Payment.....	\$	\$
" ".....	\$	\$	<u>Paid By Harvey Thibeau Jr.</u>		
" ".....	\$	\$	<u>May 23, 49 on acct</u>	<u>20.00</u>	
" ".....	\$	\$	<u>24 " on acct</u>	<u>40.00</u>	
" ".....	\$	\$	" ".....		
" ".....	\$	\$	" ".....		
" ".....	\$	\$	" ".....		

Insurance \$..... Names of Lodges..... Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
 maturity at the rate of..... % per annum.
 Signed.....
 Witness..... Address.....
 Compiled by F. J. FEINEMAN St. Louis, Mo.

Phone Santa Rosa 6-R
Box 524



Chapman CREMATORIUM.

RECEIVED FROM M

Crematorium Services For
Memorial Section
--including endowment fund deposit--

Urn		Chest
Flower Service	{ Twice Once }	Each Week, from
{ Rental Care }	from	to

Credits

Received

Check No. 90-667

Record No. 356

Motor } Remains to
Ship }

Size of Casket, Flat Top
(State Color and Number)

Manufactured by: *Golden State C*

Cemetery } Chapel of Chemo
Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner.

Diagram of Lot or Vault

...line Death Notices in.....Papers

Alan Ruggles
(Names of Newspapers)

Sales Tax

Total Footing of Bill

Less .. Cash account 8⁰⁰ ..

Balance

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Sept. 21, 1951	To Above Balance	\$0	\$0		To Balance Forward	\$0	\$0
Aug 21, 1951	By Payment	\$0	\$0		By Payment	\$0	\$0
6-24-52	" Letter "	\$0	\$0	Sept 4, 51	H. Maslin	100	-
8-7-53	" " "	\$0	\$0	May 27, 1954	" "	25	-
4-29-55	Statement	\$0	\$0	Mar 10, 1955	" "	102	-
	" " "	\$0	\$0		" full		
Statement 5-21-49-		\$0	\$0		" "		

Insurance \$

Names of
Lodges..

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness

Signed

Address

93

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance.....			\$			To Balance Forward....			\$	
	By Payment.....	\$		\$			By Payment.....	\$		\$	
	" "	\$		\$			<i>Paid By Harry Shepard Jr.</i>	\$		\$	
	" "	\$		\$			<i>May 23 44 on acct</i>	\$ 20 00		\$	
	" "	\$		\$			<i>24 " on acct</i>	\$ 40 00		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry <u>May 22</u> 19 <u>49</u>	
Name of Deceased <u>Vicki Sue Kungeford</u>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		<u>White</u> (What Race)	
Residence:		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow		or of } Age of Husband or Wife (if living) Years	
Charge to <u>Francis R. Kungeford</u>					
Address <u>Sonoma, Rural</u>					
Order given by		(or informant)			
How Secured:					
If Veteran, State War					
Occupation		(Social Security Number)			
Employer and Address					
Date of Death <u>May 22 1949</u> <u>4:30 PM</u>		(Date) (Hour)			
Date of Birth <u>May 22 1949</u>		(Date)			
Age <u>6 yrs. 25 months</u>		(Years) (Months) (Days)			
Date of Funeral <u>May 23 49</u>		(Date) (Day of Week) (Hour) M.			
Services at:					
Clergyman:		(Address)			
Religion of the Deceased					
Birthplace <u>Sonoma, Calif.</u>					
Resided in the State		(or U. S. or City or County) (Years) (Months)			
Place of Death <u>Sonoma Valley Hosp.</u>					
Cause of Death:					
Contributory Causes					
Certifying Physician		(or Coroner)			
His Address					
Name of Father <u>Francis R. Kungeford</u>					
His Birthplace <u>Idaho</u>					
Maiden Name of Mother <u>Bertha Prescott</u>					
Her Birthplace <u>Idaho</u>					
Motor Ship } Remains to					
Size of Casket <u>20</u>		(State Color and Number)			
Manufactured by <u>S.F. Co.</u>					
Cemetery } <u>Valley Cem.</u>					
Crematory }					
Diagram of Lot or Vault		Lot No. Grave No. Section No. Block No. Owner			
Complete Funeral (except outlays) \$ <u>25.00</u>					
Casket					
Burial Vault or Box		(State Kind)			
Embalming Body		(Name of Embalmer)			
Barber, \$.....		Hair Dressing, \$.....			
Dressing Body, \$.....		Underwear, \$.....			
Suit or Dress		(State Kind and Color)			
Slippers, \$.....		Hose, \$.....			
Folding Chairs, \$.....		Tarpaulin, \$.....			
Candelabrum, \$.....		Candles, \$.....			
Door Spray, \$.....		Gloves, \$.....			
Funeral Car, \$.....		Ambulance, \$.....			
Limousines to Cemetery @ \$.....					
Extra Limousines @ \$.....					
Autos to R. R. Station @ \$.....					
Getting Remains from:					
Taking Remains to					
Trip to Coroner's Inquest					
Delivering Box to					
Deliver Flowers to					
Removal Charges					
Procuring Burial Permit		(State Number and District)			
___ Certif. Copies of Death Certificates No.		(State Physician's or Coroner's)			
Pall Bearer Service, \$.....		Use of Chapel, \$.....			
Gross Total for Sales Tax		\$.....			
Outlay for Lot:					
Cremation					
Flowers, \$.....		Palms, \$.....			
Rental of Tent, \$.....		of Temporary Vault, \$.....			
Opening of Grave or Tomb		5 00			
Lining Grave, \$.....		Lowering Device, \$.....			
Outlay for Shipping Charges					
Clergyman, \$.....		Singers, \$.....			
Organist, \$.....					
Railroad } Tickets, \$.....		Aero-plane Service, \$.....			
Motor }					
Telegr., Phone, Cable or Radio Charges					
Cash Advanced					
Out of town Undertaker's Charges					
Personal Service					
..... line Death Notices in Papers		(Names of Newspapers)			
Sales Tax		31			
Total Footing of Bill		\$ 30 31			
Less					
Balance		\$.....			
Entered into Ledger, page or below.					

[illegible]

Insurance \$..... Names of..... Insurance
Lodges..... Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

95

Total No. Yearly No. Date of Entry May 21 1949
 Name of Deceased Josephine Halstead Baker white
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)
 Residence: Sonoma State Home ☐ Husband ☐ Wife ☐ Widow Eaton Baker
 or of } Age of Husband or Wife (if living) Years

Charge to:
 Address:
 Order given by Phyllis Miller
 (or informant)
 How Secured:
 If Veteran, State War
 Occupation None
 (Social Security Number)
 Employer and Address
 Date of Death May 21-49 3 PM
 (Date) (Hour)
 Date of Birth March 28 1891
 (Date) (Month) (Day)
 Age 58
 (Years) (Months) (Days)
 Date of Funeral May 25 Wed 9 30 AM
 (Date) (Day of Week) (Hour)
 Services at: Graveside
 Clergyman:
 Religion of the Deceased Catholic (Address)
 Birthplace Gold Hill, Nevada
 Resided in the State Unknown
 (or U. S. or City or County) (Years) (Months)
 Place of Death Sonoma State Home
 Cause of Death Bronchopneumonia
 Contributory Causes Chronic Myocarditis
Epilepsy
 Certifying Physician D. West M.D.
 (or Coroner)
 His Address: Sonoma State Home
 Name of Father No Record
 His Birthplace
 Maiden Name of Mother Mary Wiseman
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 6 3/4 Flat Top #80
 (State Color and Number)
 Manufactured by Golden State C.C.
 Cemetery } Catholic Cemetery
 Crematory }

Complete Funeral (except outlays) \$ 145.00
 Casket
 Burial Vault or Box Outside Box 15.00
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificate No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot Single grave 25.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Floral Spray 5.00
 line Death Notices in Papers
Funeral Notices 5.00
 (Names of Newspapers)
 Sales Tax 2.19
 Total Footing of Bill \$ 222.19
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>See ledger</u>					
To Above Balance			To Balance Forward		
By Payment			By Payment		
<u>1/18/50 Creditors Claim to S. L. Lush</u>			<u>April 11, 1950</u>	<u>222.19</u>	
" "			" "		
" "			" "		
" "			" "		
" "			" "		
<u>Statement to State Home - 5-24-49</u>			" "		

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry ... <u>May 25</u> 19 <u>49</u>	
Name of Deceased ... <u>Emily Cole</u>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		(What Race) ...	
Residence ... <u>Rt. 2 Box 66A</u>		<input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Widow		<u>Henry Cole</u> or ... of } Age of Husband or Wife (if living) ... Years	
Charge to: <u>Mrs. Jane Indelicato</u>					
Address ... <u>Rt. 2 Box 66A</u>					
Order given by: <u>above</u>		(or informant)			
How Secured:					
If Veteran, State War ... <u>None</u>					
Occupation ... <u>at home</u>		(Social Security Number)			
Employer and Address					
Date of Death ... <u>May 25-1949</u> <u>6:30 PM</u>		(Date) (Hour)			
Date of Birth ... <u>April 25-1869</u>		(Date)			
Age ... <u>80</u> <u>1</u>		(Years) (Months) (Days)			
Date of Funeral ... <u>5-27-49</u> <u>Friday</u> <u>10 A</u> M.		(Date) (Day of Week) (Hour)			
Services at: ... <u>Chapel</u>					
Clergyman: ... <u>Dean Morgan</u>		(Address)			
Religion of the Deceased					
Birthplace ... <u>England</u>					
Resided in the State ... <u>3</u>		(or U. S. or City or County) (Years) (Months)			
Place of Death ... <u>Sonoma Valley Hosp.</u>					
Cause of Death ... <u>Cerebral Thrombosis</u>					
Contributory Causes ... <u>Acute Myocarditis</u>					
Certifying Physician ... <u>W. G. Price</u>		(or Coroner)			
His Address ... <u>Sonoma, Calif</u>					
Name of Father ... <u>Henry Baker</u>					
His Birthplace					
Maiden Name of Mother ... <u>Unknown</u>					
Her Birthplace					
Motor } Remains to					
Ship }					
Size of Casket		(State Color and Number)			
Manufactured by					
Cemetery } <u>Chapel of the Chimes S.R.</u>					
Crematory }					

Complete Funeral (except outlays)		\$ <u>323 00</u>	
Casket			
Burial Vault or Box		(State Kind)	
Embalming Body		(Name of Embalmer)	
Barber, \$		Hair Dressing, \$	
Dressing Body, \$		Underwear, \$	
Suit or Dress ... <u>dress + tax</u>		<u>16 40</u>	
		(State Kind and Color)	
Slippers, \$		Hose, \$	
Folding Chairs, \$		Tarpaulin, \$	
Candelabrum, \$		Candles, \$	
Door Spray, \$::		Gloves, \$	
Funeral Car, \$		Ambulance, \$	
Limousines to Cemetery @ \$			
Extra Limousines @ \$			
Autos to R. R. Station @ \$			
Getting Remains from:			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit		(State Number and District)	
<u>1</u> Certif. Copies of Death Certificates No.		<u>1 00</u>	
		(State Physician's or Coroner's)	
Pall Bearer Service, \$		Use of Chapel, \$	
Gross Total for Sales Tax		\$	
Outlay for Lot:		<u>45</u>	
Cremation			
Flowers, \$		Palms, \$::	
Rental of Tent, \$		of Temporary Vault, \$	
Opening of Grave or Tomb			
Lining Grave, \$		Lowering Device, \$	
Outlay for Shipping Charges			
Clergyman, \$		Organist, \$	
Railroad } Tickets, \$		Aero-plane Service, \$	
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
<u>Index Trib</u>		<u>1 50</u>	
... <u>nine</u> Death Notices in ... Papers		<u>25 00</u>	
<u>Casket Spray</u>		<u>2 50</u>	
<u>Floral Center</u>		<u>5 00</u>	
<u>Stann. Rugs</u>		<u>4 00</u>	
Sales Tax		<u>43 43</u>	
Total Footing of Bill		\$ <u>433 43</u>	
Less <u>Cash disc. 16.95</u>		\$ <u>416 48</u>	
Balance		\$	

Entered into Ledger, page ... or below.	
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[illegible]

Insurance \$.....Names of
Lodges.....Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signature.....

Witness..... Address.....

97

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry <u>May 29</u> 19 <u>49</u>	
Name of Deceased <u>Frank Joaquin Frago</u>		<input type="checkbox"/> Married <input type="checkbox"/> Single <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced		(What Race) <u>White</u>	
Residence: <u>5th St. West Sonoma</u>		<input type="checkbox"/> Husband <input checked="" type="checkbox"/> Wife <input type="checkbox"/> Widow		or..... of <u>Mary Frago</u> Age of Husband or Wife (if living)..... Years	
Charge to: <u>Edward E. Frago</u>					
Address <u>29 Hopkins Ave S.F. 14</u>					
Order given by <u>above</u>		(or informant)			
How Secured:					
If Veteran, State War <u>None</u>					
Occupation <u>Retired Rancher</u>		(Social Security Number)			
Employer and Address					
Date of Death <u>May 29-49 12:40 AM</u>		(Date) (Hour)			
Date of Birth <u>Nov 1-1856</u>		(Date) (Month) (Day)			
Age <u>92</u>		(Years) (Months) (Days)			
Date of Funeral <u>5-31-49- Tues. 9:15 A.M.</u>		(Date) (Day of Week) (Hour)			
Services at: <u>Chapel</u>					
Clergyman <u>Father Roberto</u>		(Address)			
Religion of the Deceased <u>Catholic</u>					
Birthplace <u>Lagos Islands</u>					
Resided in the State		(or U. S. or City or County) (Years) (Months)			
Place of Death <u>Family Home</u>					
Cause of Death <u>Acute Myocarditis</u>					
Contributory Causes <u>Chronic Bronchitis</u>					
..... <u>Chronic Asthma</u>					
Certifying Physician <u>W. G. Price M.D.</u>		(or Coroner)			
His Address <u>Sonoma, Calif.</u>					
Name of Father <u>Unknown Frago</u>					
His Birthplace <u>Lagos Island</u>					
Maiden Name of Mother <u>Unknown</u>					
Her Birthplace <u>Lagos Islands</u>					
Motor Ship } Remains to					
Size of Casket <u>#95-14 Blue skin</u>		(State Color and Number)			
Manufactured by <u>Golden State Co.</u>					
Cemetery } <u>Catholic Cemetery</u>					
Crematory }					
Lot No.					
Grave No.					
Section No.					
Block No.					
Owner					
Diagram of Lot or Vault					

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....
Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry May 29 1949

Name of Deceased Frank Joaquin Frago White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 5th St. West Sonoma ☐ Husband ☒ Wife ☐ Widow } Mary Frago
 or of } Age of Husband or Wife (if living) Years

Charge to: Edward E. Frago

Address: 29 Hopkins Ave. D.F. 14

Order given by: above (or informant)

How Secured:

If Veteran, State War None

Occupation Retired Rancher (Social Security Number)

Employer and Address

Date of Death May 29-49 12:40 AM (Date)

Date of Birth Nov 1-1885 (Date)

Age 92 (Years) (Months)

Date of Funeral 5-31-49 (Date) (Day of Week)

Services at: Chapel

Clergyman: Father Robert

Religion of the Deceased Catholic

Birthplace Lagos, Isl.

Resided in the State (or U. S. or City or County)

Place of Death Family Ho.

Cause of Death Acute Myocard

Contributory Causes Chronic B.
Chronic Asthma

Certifying Physician W. G. P. (or Coroner)

His Address Sonoma, Cal.

Name of Father Unknown

His Birthplace Lagos, Isl.

Maiden Name of Mother Unknown

Her Birthplace Lagos, Islands

Motor } Remains to
 Ship }

Size of Casket #95-14. Blue skin (State Color and Number)

Manufactured by: Golden State Co.

Cemetery } Catholic Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 307.00

Casket
 Burial Vault or Box Outside Box \$ 15.00
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$ 15.35
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
1.50
/10

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Mass \$ 15.00

Line Death Notices in Papers
Paper Notices Typed
Casket \$ 30.00
 (Names of Newspapers)

Sales Tax \$ 4.21

Total Footing of Bill \$ 397.21

Less Cash discount 16.10 \$ 16.10

Balance \$ 381.11

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
Statement 6-7-49	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

99

SIZE	NO.	Amount*	Cov.	Date		Amount Paid	Balance
6/3	9405-	slip Ca	Gray Dc3		To Balance Forward . . .	\$. . .	\$. . .
DESCRIPTION:	Lined Sunray Rd Pillow			June 13, 1949	By Payment . . .	\$ 2.92	\$. . .
HANDLES:	1 Doz. 382- Hols			" "	" " full	\$. . .	\$. . .
	" "			" "	" "	\$. . .	\$. . .
	" "			" "	" "	\$. . .	\$. . .
	" "			" "	" "	\$. . .	\$. . .

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 1949

Name of Deceased Dorothy Cornelia Eveleth white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home
or of } Age of Husband or Wife (if living) Years

Charge to: D. T. Eveleth

Address: Reno, Nevada Box 802

Order given by: above
(or informant)

How Secured:

If Veteran, State War

Occupation: None
(Social Security Number)

Employer and Address

Date of Death: June 3, 1949 8:25 AM
(Date) (Hour)

Date of Birth: May 12, 1905
(Date) (Hour)

Complete Funeral (except outlays)	\$ 160 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress Clothes & Tail (State Kind and Color)	16 40
Slippers, \$ Hose, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	8 00
Door Spray, \$ Gloves, \$	16 00
Funeral Car \$ Ambulance \$	10 00

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

Nº 7949

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M

Santa Rosa, California, June 6, 1947

Crematorium Services For

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100	100

Urn	Chest	Sales Tax	
Flower Service { Twice Once }	Each Week, from	Pack + Ship Service	2.50
{ Rental Care }	from	to Engraving Express + Permit	1.73
Total			49.23

Credits		
Received	Forty nine and 23/100	Dollars 49 23

Check No.

Record No.

Present Balance
CALIFORNIA CREMATORIUM

Per

snip J

Size of Casket.....
(State Color and Number)

Manufactured by:

Cemetery } Chapel of Christ
Crematory }

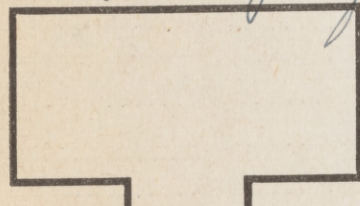


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Personal Service. Telephones. 7. Jax

.....line Death Notices in.....Papers

(Names of Newspapers)

Certified Certificate -
Sales Tax

Total Footing of Bill.....

Less. Cash Account.....

Balance

Entered into Ledger, page.....or below.

Date		Amount Paid		Balance		Date		Amount Paid		Balance	
	To Above Balance.....			\$			To Balance Forward.....			\$	
	By Payment.....	\$		\$			By Payment.....	\$		\$	
	" "	\$		\$			" <i>in full</i>	<i>2.66</i>	<i>23</i>	\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	
	" "	\$		\$			" "	\$		\$	

June 8

Statement 6-6-49

Insurance \$	Names of Lodges	Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....

Witness..... Address.....

RECORD OF FUNERAL

101

Total No. Yearly No. Date of Entry June 5 1949
 Name of Deceased Leonigi Deini White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Santa Rosa Ave, Agua Caliente ☐ Husband ☐ Wife ☐ Widow
 Charge to Farmers Insurance Group or of Age of Husband or Wife (if living) Years
 Address Los Angeles 54 Calif.
 Order given by above (or informant)
 How Secured
 If Veteran, State War
 Occupation Retired Ranch Worker (Social Security Number)
 Employer and Address
 Date of Death June 5 1949 11:48 PM (Date) (Hour)
 Date of Birth April 1, 1873 71

San Francisco Casket Co.

321-335 Valencia Street
 San Francisco, 3
 Telephones MArket 1-1146-47

7-5-49

Received of Bates & Evans

1- yellow metal wallham watch
 Pocket knife
 Keys, glasses
 one cent only
 Personal effects of Deceased



Phone Santa Rosa 1/62

WALLACE S. HEBERT

Arranged & Paid for funeral
 CLAIMS DEPARTMENT
 FARMERS INSURANCE EXCHANGE PROSPECT 6-5800
 TRUCK INSURANCE EXCHANGE 1061 POST STREET
 FIRE INSURANCE EXCHANGE SAN FRANCISCO 9

Diagram of Lot or Vault

Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays)	\$ 307 -
Casket	
Burial Vault or Box <u>Outside Bn</u>	15 -
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress <u>Suit & Hat</u>	16 91
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Number and District)	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$
Outlay for Lot <u>Lot</u>	25 00
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	25 00
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Railroad or Motor Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	15 00
line Death Notices in <u>Index Tribune</u> Papers	2 56
<u>Ambulance</u> (Names of Newspapers)	10 00
<u>Floral Spray</u>	5 00
Sales Tax	4 21
Total Footing of Bill	425 68
Less <u>Cash account 16 10</u>	16 10
Balance	409 58

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment <u>June 11 49 In full</u>	\$ 409 58	\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

101

Total No. Yearly No. Date of Entry June 5 1949
 Name of Deceased Leonigi, Leini White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Santa Rosa Ave, Agua Caliente ☐ Husband ☐ Wife ☐ Widow
 Charge to: Garner Insurance Group or of Age of Husband or Wife (if living) Years
 Address: Los Angeles 54 Calif.
 Order given by above (or informant)
 How Secured
 If Veteran, State War
 Occupation Retired Ranch Worker (Social Security Number)
 Employer and Address
 Date of Death June 5 1949 11:45 PM (Date) (Hour)
 Date of Birth April 1, 1873 (Date)

San Francisco Casket Co.

321-335 Valencia Street
 San Francisco, 3
 Telephones Market 1-1146-47

7-5-49

Received of Bates & Evans

1- yellow metal wallham watch
 Pocket knife
 Keys, glasses
 one cent only



Home Santa Rosa 162

WALLACE S. HEBERT

Arranged & Paid for funeral

CLAIMS DEPARTMENT
 FARMERS INSURANCE EXCHANGE
 TRUCK INSURANCE EXCHANGE
 FIRE INSURANCE EXCHANGE
 PROSPECT 6-5800
 1061 POST STREET
 SAN FRANCISCO 9

Grave No.
 Section No.
 Block No.
 Owner
 Entered into Ledger, page or below.

Complete Funeral (except outlays) \$ 307 -
 Casket
 Burial Vault or Box Outside Box \$ 15 -
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$ 16 91
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot \$ 25 00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero- plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 Line Death Notices in Papers
 Ambulance
 Floral Spray
 Sales Tax
 Total Footing of Bill \$ 425 68
 Less Cash discount 16% \$ 16 10
 Balance \$ 409 58

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

101

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 3 1949

Name of Deceased Dorothy Cornelia Eveleth white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: A. T. Eveleth

Address: Renov. Nevada Bldg 802

Order given by: above
 (or informant)

How Secured:

If Veteran, State War

Occupation: None
 (Social Security Number)

Employer and Address

Date of Death: June 3, 1949 8:35 AM
 (Date) (Hour)

Date of Birth: May 12, 1905
 (Date) (Hour)

Complete Funeral (except outlays)	\$	160	00
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$..... Hair Dressing, \$.....			
Dressing Body, \$..... Underwear, \$.....			
Suit or Dress <u>Woolen & Tail</u>		16	40
Slippers, \$..... Hose, \$.....			
Folding Chairs, \$..... Tarpaulin, \$.....			
Candelabrum, \$..... Candles, \$.....			80 00
Door Spray, \$..... Gloves, \$.....			16 00
Funeral Car \$..... Ambulance \$.....			

Phone Santa Rosa 6-R
Box 524



Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Bates & Evans Santa Rosa, California June
Sonoma, Cal.

Crematorium Services For Dorothy E. Eveleth

Memorial Section
--including endowment fund deposit--

Tier No.

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from Pack & Ship Service
 { Once }
 { Rental } from to Engraving Express + Permi
 { Care }
 Total

Credits

Received Forty nine and 23/100 Dol

Check No. 90-667 Record No. 3588

CALIFORNIA CREMATORIUM
Present Bal. Per June

Size of Casket

Manufactured by

Cemetery } Chapel of Chimes
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Personal Service Joseph
Ren. Bell
 line Death Notices in

Shipping Express
 Certificate

Sales Tax	\$	275	03
Total Footing of Bill	\$	275	03
Less <u>Cash discount 880</u>	\$	8	80
Balance	\$	266	23

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$	
" "	\$		" <u>Full</u>	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
<u>Statement 6-6-49</u>	\$		" "	\$	

Insurance \$..... Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

101

Total No. Yearly No. Date of Entry June 5 19 49

Name of Deceased Lionigi Heini White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Santa Rosa Ave, Agua Caliente ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Farmers Insurance Group

Address: Los Angeles 57 Calif.

Order given by: above
 (or informant)

How Secured

If Veteran, State War

Occupation: Retired Ranch Worker
 (Social Security Number)

Employer and Address

Date of Death: June 5 1949 11:48 PM
 (Date) (Hour)

Date of Birth: April 1, 1873
 (Years) (Months) (Days)

Time of Funeral: M.
 (Date) (Day of Week) (Hour)

Places at

Clergyman: (Address)

Religion of the Deceased

Birthplace: Italy

Resided in the State: 47 years
 (or U. S. or City or County) (Years) (Months)

Place of Death: Agua Caliente Ave

Cause of Death

Contributory Causes

Certifying Physician: (or Coroner)

Home Address:
 Name of Father: Amedeo Heini
 Birthplace: Italy
 Maiden Name of Mother: Unknown
 Birthplace: Italy

Motor } Remains to
 Trip }

Size of Casket: (State Color and Number)

Manufactured by:
 Cemetery } Catholic Cemetery
 Cemetery }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 307 -

Casket

Burial Vault or Box Outside Box \$ 15 -
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress: Suit & Hat \$ 16 91
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit: (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: 1 Lot \$ 25 00
 Cremation

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service: Mass \$ 15 00
 Line Death Notices in: Indian Tribune \$ 2 50
 (Names of Newspapers)
Agua Caliente \$ 10 00
Floral Spray \$ 5 00
Floral Spray \$ 4 21

Sales Tax
 Total Footing of Bill \$ 425 68
 Less: Cash discount 16% \$ 16 10
 Balance \$ 409 58

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 6 1949

Name of Deceased America May Poncia White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2, Box 396, Sonoma ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Cargie Poncia

Address: Rt. 2, Box 396, Sonoma

Order given by: above (or informant)

How Secured:

If Veteran, State War None

Occupation Sanitarian & Stock Buyer
 (Social Security Number)

Employer and Address

Date of Death June 6, 1949 6 A.M.
 (Date) (Hour)

Date of Birth July 27, 1917
 (Date) (Month) (Day)

Age 32
 (Years) (Months) (Days)

Date of Funeral June 9, 1949 9:15 A.M.
 (Date) (Day of Week) (Hour)

Services at: Saint Francis

Clergyman: Rev. Roberts (Address)

Religion of the Deceased

Birthplace Bodega, California

Resided in the State Life
 (or U.S. or City or County) (Years) (Months)

Place of Death Road - Sonoma - Road

Cause of Death

Contributory Causes

Certifying Physician

His Address

Name of Father Chester Poncia

His Birthplace

Maiden Name of Mother Johanna Poncia

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket
 (State Color and Number)

Manufactured by:
 Cemetery } Calvary Cemetery Pet.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 8.10 00

Casket \$ 00

Burial Vault or Box Outside Bur. \$ 15 00
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)

5 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ 5 00

Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation Trust Petaluma 5 00

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb Petaluma Cemetery 25 00

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced Mass 15 00

Out of town Undertaker's Charges
 Personal Service
Index Tribune 2 56

7 line Death Notices in Papers 2 50
Napa Reg.
Press Democrat 2 00
Petaluma Argus 3 00

Sales Tax 10 50

Total Footing of Bill \$ 89.55
 Less 4.12 25 30 days \$ 41.25
 Balance \$ 75.43

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
July 1, 49	Statement.....	\$.....	June 21	124 Eagles Lodge.....	\$ 1.00
	".....	".....	July 9	Int'l.....	\$ 75.43
	".....	".....		".....	\$.....
	".....	".....		".....	\$.....
	".....	".....		".....	\$.....
	".....	".....		".....	\$.....
	".....	".....		".....	\$.....

SIZE 6/6

No. Groten H.P.

Cov. Ant Silver

DESCRIPTION:

Sealer

Butte Panel & Pillow

Full lined Burton

B & Bp same

HANDLES:

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed.....

Address.....

Witness.....

103

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 19 1949

Name of Deceased Sharon Stark
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Boyes Springs ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Robert L. Stark

Address Boyes Springs, Calif.

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Child (Social Security Number) no

Employer and Address

Date of Death June 19, 1949 7:10 A.M.
 (Date) (Hour)

Date of Birth July 1, 1942

Age 6 (Years) (Months) (Days)

Date of Funeral June 21, 1949 8:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Kansas City, Kansas

Clergyman (Address)

Religion of the Deceased

Birthplace Kansas

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death St. Co. Hospital

Cause of Death Abscess Cerebellum

Contributory Causes

Certifying Physician Carroll B. Andrews (or Coroner)

His Address Sanoma, Calif.

Name of Father Robert L. Stark

His Birthplace

Maiden Name of Mother Lila Lucille Clark

Her Birthplace

Motor Ship } Remains to

Size of Casket 5 1/2 white hard 87 (State Color and Number)

Manufactured by 7 Basket Co.

Cemetery } Kansas City, Kansas
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 150 00

Casket

Burial Vault or Box Shipping Box 20 00
 (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ of 5

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Cal. of State

Total Footing of Bill \$ 170 00

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance .....	\$ .....	.....	To Balance Forward	\$
.....	By Payment .....	\$ .....	.....	By Payment	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$

Insurance \$ Names of Insurance Companies
 Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Nº 8015

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M

Bates & Evans

Santa Rosa, California.

July 7

194.....9

1750 PACIFIC AVE

Phone DROWAY 3-6707

GOLDEN STATE COMPANY, LTD.
ICE CREAM DIVISION

4.00
2.00 M. Sch...

366 GUERRERO STREET
SAN FRANCISCO
OFFICE HEMLOCK 1-8770
ORDERS HEMLOCK 1-6000

FRANK T. FLINT

Present Balance

CALIFORNIA CREMATORIUM

Per

Check No. 90-667 Record No. 13617

Record No.

3617

3577 (Cole)

Crematory } Chapter 1 on cremation



Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....:
Owner.....

Sales Tax		4.85	
Total Footing of Bill	\$	39.00	4.00
Less .. <i>discount</i>	\$	16.15	
Balance	\$	3.74	2.50
Entered into Ledger, page.....or below.			

Entered into Ledger, page.....or below.

SIZE 6/3 No. 9525- H.4P Cov. 237

DESCRIPTION: Pebble Panel & Rd. Pillow
Lined Sunray

HANDLES: 990-3 x0-Mdlis

[illegible]

7/11/49 statement

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

Total No. Yearly No. Date of Entry June 19 1949

Name of Deceased Sharon Stark
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Boyes Springs
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Robert L. Stark

Address Boyes Springs, Caly

Order given by (or informant)

How Secured :

If Veteran, State War no

Occupation Child (Social Security Number) no

Employer and Address

Date of Death June 19, 1949 7:10 A.M.
 (Date) (Hour)

Date of Birth July 1, 1942
 (Date) (Day of Week) (Hour)

Age 6 (Years) (Months) (Days)

Date of Funeral June 21, 1949 8:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Kansas City, Kansas

Clergyman (Address)

Religion of the Deceased

Birthplace Kansas

Resided in the State (for U. S. or City or County) (Years) (Months)

Place of Death St. Co. Hospital

Cause of Death Abscess Cerebellum

Contributory Causes

Certifying Physician Carroll B. Andrews (or Coroner)

His Address Lawrence, Caly

Name of Father Robert L. Stark

His Birthplace

Maiden Name of Mother Lila Lucille Clark

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 5 1/2 white Lamb 87
 (State Color and Number)

Manufactured by 7 Casket Co.

Cemetery } Kansas City, Kansas
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 150.00

Casket

Burial Vault or Box Shipping Box \$ 20.00
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Cal. of State

Total Footing of Bill \$ 170.00

Less \$

Balance \$

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

105

Total No. Yearly No. Date of Entry July 4 1949
 Name of Deceased Peter John Flint
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: 2037 Garvin St. Richmond ☐ Husband ☐ Wife ☐ Widow W
 Charge to: Glanson A. Flint or of Age of Husband or Wife (if living) Years
 Address: 120 8th Ave. S. D.
 Order given by Frank J. Flint (or informant)
 How Secured: 1750 Pacific Ave. S. Apt 3
 If Veteran, State War Naval Reserve
 Occupation Student 556-16-6910
 (Social Security Number)
 Employer and Address
 Date of Death July 4, 1949 unk
 (Date) (Hour)
 Date of Birth Feb 21, 1922
 Age 27 -
 (Years) (Months) (Days)
 Date of Funeral July 7, Thurs 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at: Chapel of the Chimes S.R.

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box
 Embalming Body
 (State Kind)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (Name of Embalmer)
 Slippers, \$ Hose, \$
 (State Kind and Color)
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8015

RECEIVED FROM M

Bates & Evans
Sonoma, Calif.

Santa Rosa, California, July 7 1949

Crematorium Services For

Peter John Flint

Memorial Section

--including endowment fund deposit--

Urn

Chest

Sales Tax

Flower Service

Twice
Once

Each Week, from

to

Rental

Care

from

to

Engraving

(Cole)

Permit

Total

Credits

Received

Forty five and 50/100

Dollars

Check No.

90-667

Record No.

3617
3577 (Cole)

CALIFORNIA CREMATORIUM
Present Balance
Per J. J. G. G. G.

Crematory



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Sales Tax

Total Footing of Bill

Less

Discount

Balance

Entered into Ledger, page or below.

SIZE 6/3

No.

9525- H. J. P

Cov. 237

DESCRIPTION:

Pebble Panel & Rd. Pillow
Lined Sunray

HANDLES:

990-3 x0-Mals

Date

Amount Paid

Balance

To Balance Forward

By Payment

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Insurance \$

Names of
Lodges

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 19 1949

Name of Deceased Sharon Stark
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Boyes Springs
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Robert L. Stark

Address Boyes Springs, Calif.

Order given by (or informant)

How Secured :

If Veteran, State War no

Occupation Child (Social Security Number) no

Employer and Address

Date of Death June 19, 1949 7:10 A.M. (Date) (Hour)

Date of Birth July 1, 1942

Age 6 (Years) (Months) (Days)

Date of Funeral June 21-49 8:30 P.M. (Date) (Day of Week)

Services at Kansas City, Kan.

Clergyman (Address)

Religion of the Deceased

Birthplace Kansas

Resided in the State (for U.S. or City or County)

Place of Death St. Co. Hospital

Cause of Death Abscess Cerebrum

Contributory Causes

Certifying Physician Carroll B. A. (or Coroner)

His Address Lawrence, Mo.

Name of Father Robert L. Stark

His Birthplace

Maiden Name of Mother Lila Lucie

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 5 1/2 white (State Color and Num) Lam

Manufactured by 7 Basket Co.

Cemetery } Kansas City, Kansas
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 150.00

Casket \$

Burial Vault or Box Shipping Box (State Kind) \$ 20.00

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

(Names of Newspapers)

Sales Tax Out of State \$

Total Footing of Bill \$ 170.00

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from

Signed
 Address

Witness

556-16-6910

Complete Funeral (except outlays)	\$	323	-
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress	(State Kind and Color)		
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$	16	15
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates	No. (State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation		45	-
Flowers, \$	Palms, \$		
	Matting, \$		
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
	Organist, \$		
Railroad or Motor	Tickets, \$		
	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service		10	-
line Death Notices in	Papers	5	55
	(Names of Newspapers)		
		2	00
Sales Tax		4	85
Total Footing of Bill	\$	390	40
Less	\$	16	15
Balance	\$	374	25
Entered into Ledger, page	or below		

Insurance \$ Names of Insurance
Lodges Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 8 1949
 Name of Deceased Mary Olivia Hiester
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt. 1, Box 41, Glen Ellen ☐ Husband ☐ Wife ☐ Widow John
 Charge to: Truman Barnum or of John Age of Husband or Wife (if living) Years
 Address: Glen Ellen
 Order given by Mrs. Sandra Hiester (or informant)
 How Secured:
 If Veteran, State War
 Occupation at home (Social Security Number) no
 Employer and Address
 Date of Death July 8, 49 (Date) 3:30 PM (Hour)
 Date of Birth Jan 8, 1871
 Age 78 (Years) 6 (Months) 6 (Days)

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8038

RECEIVED FROM M

Santa Rosa, California

Crematorium Services For

Memorial Section

--including endowment fund deposit--

Urn

Chest

Sales Tax

Flower Service

{ Twice
Once }

Each Week, from

to

{ Rental
Care }

from

to

Engraving

Permit

Total

Credits

Received

Dollars

Check No.

Record No.

Present Balance

CALIFORNIA CREMATORIUM

Per

Manufactured by: S. F.

(State Color and Number)

Cemetery
Crematory

Chapel of the Chimes S.R.

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

..... line Death Notices in Papers

(Names of Newspapers)

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, page or below.

SIZE

6/3

No.

9389

Cov.

378

Date

Amount Paid

Balance

DESCRIPTION:

Stephen of Sunray
M B & Bp

HANDLES:

2756-3x0-Hdls

To Balance Forward

By Payment

"

"

"

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Insurance \$

Names of
Lodges

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

107

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 8 1949

Name of Deceased Mary Olivia Diester
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt. 1, Box 41, Glen Ellen ☐ Husband ☐ Wife ☐ Widow John
 or of Age of Husband or Wife (if living) Years

Charge to: Truman Barnister

Address: Glen Ellen

Order given by Mrs. Sandra Nentu
 (or informant)

How Secured:

If Veteran, State War:

Occupation: at home no
 (Social Security Number)

Employer and Address:

Date of Death: July 8, 1949 3:30 A.M.
 (Date) (Hour)

Date of Birth: Jan. 8, 1871
 (Date)

Age: 78 6 (Years) (Months) (Days)

Date of Funeral: July 11, 1949 2 P.M.
 (Date) (Day of Week) (Hour)

Place of Funeral: Chapel

Funeral Home: Rev. Buttrum, Sonoma
 (Address)

Place of the Deceased: San Francisco

Place of Death: Home
 (or U.S. or City or County) (Years) (Months)

Cause of Death: Coronary Occlusion

Medical History: Arteriosclerosis, general
essential, hypertension, essential

Physician: Wm. J. Newman M.D.
 (or Coroner)

Place of Birth: Sonoma, Calif.

Father: Charles W. Wiley

Place of Birth:

Name of Mother: Mary Cody

Place of Birth:

Funeral Home: Gray's
 (State Color and Number)

Manufactured by: Chapel of the Chimes S.P.

Cemetery: Chapel of the Chimes S.P.

Crematory:

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner:

Complete Funeral (except outlays) \$ 323 -

Casket \$

Burial Vault or Box \$

Embalming Body \$

Barber, \$ \$ Hair Dressing, \$ \$

Dressing Body, \$ \$ Underwear, \$ \$

Suit or Dress \$ (State Kind and Color)

Slippers, \$ \$ Hose, \$ \$

Folding Chairs, \$ \$ Tarpaulin, \$ \$

Candelabrum, \$ \$ Candles, \$ \$

Door Spray, \$ \$ Gloves, \$ \$

Funeral Car, \$ \$ Ambulance, \$ \$

Limousines to Cemetery \$ @ \$

Extra Limousines \$ @ \$

Autos to R. R. Station \$ @ \$

Getting Remains from:

Taking Remains to:

Trip to Coroner's Inquest \$

Delivering Box to:

Deliver Flowers to:

Removal Charges:

Procuring Burial Permit: \$ (State Number and District)

Certif. Copies of Death Certificates No. 1 00
 (State Physician's or Coroner's)

Pall Bearer Service, \$ \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot: \$ 45 -

Cremation \$

Flowers, \$ \$ Palms, \$ \$ Matting, \$ \$

Rental of Tent, \$ \$ of Temporary Vault, \$ \$

Opening of Grave or Tomb:

Lining Grave, \$ \$ Lowering Device, \$ \$

Outlay for Shipping Charges:

Clergyman, \$ \$ Singers, \$ \$ Organist, \$ \$

Railroad } Tickets, \$ \$ Aero- } plane Service, \$ \$

or Motor }

Telegr., Phone, Cable or Radio Charges:

Cash Advanced:

Out of town Undertaker's Charges:

Personal Service: Rev. Buttrum 10.00
Mrs. Wm. J. Newman 5.00

Line Death Notices in: Examiner 9.66
Democrat 4.00

Sales Tax \$ 4.85

Total Footing of Bill \$ 402.51

Less: \$ 16.15

Balance: \$ 386.36

Entered into Ledger, page or below.

SIZE	6/3	No.	9389	Cov.	378	Date	Amount Paid	Balance
DESCRIPTION:	Stephen of Sunray M B & Bp						To Balance Forward	\$.
HANDLES:	2756-3x0-Hdls						By Payment	\$.
						July 28 49	In July	\$386.36
								\$.
								\$.
								\$.
								\$.
								\$.
								\$.

Insurance \$ Names of Lodges: Insurance Companies:

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed: Address:

Witness: Address:

RECORD OF FUNERAL

109

Total No..... Yearly No..... Date of Entry July 28 1949

Name of Deceased Samuel Beinbacher
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 615 Broadway
☐ Husband ☐ Wife ☐ Widow }
 Charge to: Jack Beinbacher or..... of } Age of Husband or Wife (if living)..... Years

Address: 273-23rd Ave. S.F.

Order given by above (or informant)

How Secured:.....

If Veteran, State War.....

Occupation: Retired Chicken Rancher (Social Security Number)

Employer and Address.....

Date of Death July 28-49 3 PM (Date) (Hour)

Complete Funeral (except outlays).....\$ 160.00

Casket.....

Burial Vault or Box..... (State Kind)

Embalming Body..... (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress Suit & Tie 25 75 (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray \$..... Gloves, \$.....

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8081

RECEIVED FROM M Bates & Evans Santa Rosa, California July 29 1949

Crematorium Services For Samuel Beinbacher

Memorial Section
--including endowment fund deposit--

Urn..... Chest..... Tier..... No.....

Flower Service { Twice Once } Each Week, from..... to..... Sales Tax.....

{ Rental Care } from..... to..... Engraving..... Permit ☒

Credits..... Total 45.50

Received Forty-five and 50/100 Dollars 45.50

Check No. 90-667-722 Record No. 3631

Present Balance
CALIFORNIA CREMATORIUM
Per B. E. Jones

Motor } Remains to.....
Ship }

Size of Casket..... (State Color and Number)

Manufactured by Golden Ark Casket

Cemetery } Chapel of Chimes
Crematory }

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Out of town Undertaker's Charges.....

Personal Service.....

..... line Death Notices in..... Papers..... (Names of Newspapers)

Sales Tax..... 2 40

Total Footing of Bill..... 233 65

Less..... 8 00

Balance..... 225 65

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....	\$.....	\$.....	To Balance Forward.....	\$.....	\$.....
By Payment.....	\$.....	\$.....	By Payment.....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....


Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 19 1949

Name of Deceased Alice Marie Sweden White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence:
 Charge to Paul Sweden
 Address Bryce Springs
 Order given by Above (or informant)
 How Secured:
 If Veteran, State War
 Occupation None (Social Security Number)
 Employer and Address
 Date of Death July 19, 1949 6:10 PM (Date) (Hour)
 Date of Birth July 12, 1949 (Date) (Month) (Year)
 Age
 Date of Funeral July 21 (Date)
 Services at: Chapel
 Clergyman: Howard G.
 Religion of the Deceased P.
 Birthplace Arizona
 Resided in the State Ariz. (or U.S. or)
 Place of Death Arizona
 Cause of Death Pulmonary
 Contributory Causes Pneumonia
 Certifying Physician W. M. ...
 His Address Phoenix
 Name of Father Paul
 His Birthplace
 Maiden Name of Mother Will
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 20 White oak (State Color and Number)
 Manufactured by S. F. & Co.
 Cemetery } Valley Cemetery
 Crematory }
 Diagram of Lot or Vault  Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays)	\$ 30.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car &	
Personal Service	
Casket Spray	
line Death Notices in Papers	
(Names of Newspapers)	
Sales Tax	
Total Footing of Bill	\$ 40.45
Less	
Balance	
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

109

Total No. Yearly No. Date of Entry July 28 1949

Name of Deceased Samuel Bernhacker
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 615 Broadway
 Charge to: Jack Bernhacker
 Address: 273-23rd Ave. S.F.
 Order given by: above (or informant)

How Secured:

If Veteran, State War

Occupation: Retired Chicken Rancher (Social Security Number)

Employer and Address

Date of Death: July 28-49 3 AM
 Date of Birth: Sept 18 1863
 Age: 85 (Years) (Months) (Days)

Date of Funeral: 7-29-49 Friday 1:30 M.
 Services at: Chapel of Chimes
 Clergyman: Stone (Address)

Religion of the Deceased: Hebrew
 Birthplace: Austria
 Resided in the State: 37 years (or U. S. or City of County) (Years) (Months)

Place of Death: 615 Broadway
 Cause of Death: Mycarditis Chronica
 Contributory Causes: Angina Pectoris

Certifying Physician: Hospital W. M. Turner (or Coroner)
 His Address: Sonoma, Calif.
 Name of Father: Unknown Bernhacker
 His Birthplace: Unknown
 Maiden Name of Mother: Unknown
 Her Birthplace: Unknown

Motor } Remains to
 Ship }

Size of Casket: (State Color and Number)

Manufactured by: Golden State Casket
 Cemetery } Chapel of Chimes
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 160.00
 Casket
 Burial Vault or Box
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Suit & Hat 25 75
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 2 40
 Total Footing of Bill \$ 233.65
 Less \$ 8.00
 Balance \$ 225.65
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 30 1949

Name of Deceased Harry Kirsch White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) Evangelical

Residence: 871 Sacramento St. Valley, Calif.
 Charge to: Mrs. Helen Kohler
 Address: 871 Sacramento St. Valley, Calif.
 Order given by: Valley, Calif. (or informant)
 How Secured:
 If Veteran, State War
 Occupation: Retired Sailor 556-07-366 (Social Security Number)
 Employer and Address
 Date of Death: July 30-49 1:15 AM (Date) (Hour)
 Date of Birth: Aug 20 1873 (Date) (Month) (Day) (Year)
 Age: 75 (Years) (Months) (Days)
 Date of Funeral: 8-2-49 Tuesday 10 A.M. (Date) (Day of Week) (Hour)
 Services at: Chapel
 Clergyman: J. R. Roberts (Address)
 Religion of the Deceased
 Birthplace
 Resided in the State: California (or U. S. or City or County) (Years) (Months)
 Place of Death: Sanoma, Calif.
 Cause of Death: Pulmonary Tuberculosis
 Contributory Causes
 Certifying Physician: Wm. Silvershield (or Coroner)
 His Address: Santa Rosa
 Name of Father: Unknown
 His Birthplace: Unknown
 Maiden Name of Mother: Unknown
 Her Birthplace: Unknown
 Motor } Remains to
 Ship }
 Size of Casket: (State Color and Number)
 Manufactured by:
 Cemetery } St. Marys - Oakland
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:
 Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 235.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	1.00
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
Under Funeral	2.50
line Death Notices in Papers	5.00
St. Marys Cemetery	56.40
	3.33
Sales Tax	
Total Footing of Bill	\$ 303.49
Less	\$ 11.75
Balance	\$ 291.74

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness
 Signed
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

111

Total No. Yearly No. Date of Entry Aug 9 1949

Name of Deceased Schuyler Colfax Keller white
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: Rt. 1, Box 510, A ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Russia Janet Keller

Address: above

Order given by: Brother
 (or informant)

How Secured:

If Veteran, State War: None

Occupation: Retired Rancher None
 (Social Security Number)

Employer and Address:

Date of Death: Aug 9 - 1949 - 5:15 PM
 (Date) (Hour)

Date of Birth: March 20 1869

Complete Funeral (except outlays)	\$ 323.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress <u>Suit & Tax</u>	2.58
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	16.15
Door Sprav. \$..... Gloves, \$.....	3
	<u>484.50</u>

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 8109

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M

Bates & Evans Santa Rosa, California, Aug. 12 1949

Sonoma, Calif.

Crematorium Services For Schuyler C. Keller 45.00

Memorial Section
--including endowment fund deposit--

Urn Chest Sales Tax

Flower Service { Twice Once } Each Week, from to

{ Rental Care } from to Engraving Permit

Total 45.00

Credits

Received Forty-five and 00/100 Dollars 45.00

Present Balance

CALIFORNIA CREMATORIUM

Per Bates & Evans

Check No. 90-667-754 Record No. 3640

Motor Ship } Remains to

Size of Casket

Manufactured by: Golden State Casket Co. 954 (State Color and Number)

Cemetery } Chapel of Chimes, S. Rosa

Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Out of town Undertaker's Charges

Personal Service: Stan Ruggles 7.50

Telegram 4.20

line Death Notices in: Press-Record 4.00

(Names of Newspapers) Index Tribune 2.50

Clara A. Terrell 10.88

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

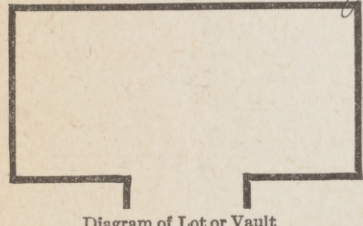
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry July 30 1949
Name of Deceased Harry Kirsch White
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)
Residence: Evans Kirsch
Charge to: Mrs Helen Kohler
Address: 871 Sacramento St.
Order given by Valleys, Calif.
How Secured:
If Veteran, State War
Occupation Retired Sailor 556-07-366
Employer and Address
Date of Death July 30-49 1:15 AM
Date of Birth Aug 20 1873
Age 75
Date of Funeral 8-2-49 Tuesday 10 A
Services at: Chapel
Clergyman: John Rode
Religion of the Deceased
Birthplace
Resided in the State
Place of Death Arizona
Cause of Death Pulmonary
Contributory Causes

Complete Funeral (except outlays)	\$ 235 00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	

Certifying Physician Thurmon
His Address Santa Rosa
Name of Father Unknown
His Birthplace Unknown
Maiden Name of Mother Unknown
Her Birthplace Unknown
Motor Ship } Remains to
Size of Casket
Manufactured by
Cemetery } St. Marys Oakland
Crematory }



Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

line Death Notices in <u>Service</u> Papers	\$ 2 50
<u>John Rode</u>	\$ 5 00
<u>St. Marys Cemetery</u>	\$ 56 40
	\$ 3 53
Sales Tax	
Total Footing of Bill	\$ 303 49
Less	\$ 11 75
Balance	\$ 291 74

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Witness..... Signed.....
Address.....

RECORD OF FUNERAL

111

Total No..... Yearly No..... Date of Entry..... Aug 9 1949

Name of Deceased... Schuyler Colfax Keller white

Residence: Rt. 1 Box 510 A

Charge to: Russia Janet Keller

Address: above

Order given by: Brother

How Secured:

If Veteran, State War: None

Occupation: Retired Rancher

Employer and Address:

Date of Death: Aug 9 - 1949 - 5:15 PM

Date of Birth: March 20 1869

Time of Funeral: Aug 12 Friday 2 P. M.

Place of Funeral: Chapel

Clergyman: Olin G. Terrell

Place of the Deceased: Indiana

Age of Deceased: 37 yrs

Place of Death: Home

Cause of Death: Myocardial Failure

Contributory Causes: Bowel Obstruction

Attending Physician: J. K. McGrath

Address: Sonoma, Calif

Place of Father: William C. J. Keller

Place of Mother: Mary E. Hammeton

Place of Birth:

Place of Birth:

Ship } Remains to

Size of Casket:

Manufactured by: 95 H. Bowen State Capital Co

Cemetery } Chapel of Chimes & Rose

Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) \$ 323 00

Casket.....

Burial Vault or Box.....

Embalming Body.....

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress.....

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit.....

Certif. Copies of Death Certificates No.....

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax.....

Outlay for Lot.....

Cremation.....

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad or Motor } Tickets, \$..... Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service: Stan Ruggles

Telegrams.....

Line Death Notices in..... Papers.....

Sales Tax.....

Total Footing of Bill.....

Less.....

Balance.....

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Aug 11 1949

Name of Deceased Mirtie M. Shekell white
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 544 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Mr. G. B. Frago

Address: Rt 1 Box 544 Sonoma

Order given by Brother
 (or informant)

How Secured:

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug 11 '49 12:15 AM
 (Date) (Hour)

Date of Birth March 11, 1882
 (Date) (Month) (Day)

Age 67 (Years) (Months) (Days)

Date of Funeral 8-13-49 Sat 2 P M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Chas. A. Terrell
 (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State

(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Conv. Hosp.

Cause of Death Chronic Myocarditis, Myocardial

Contributory Causes degeneration,
Arteriosclerosis

Certifying Physician W. S. Price M.D.
 (or Coroner)

His Address Sonoma

Name of Father Unknown Weaver

His Birthplace Unknown

Maiden Name of Mother Unknown

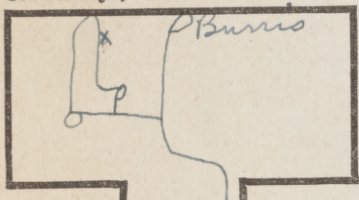
Her Birthplace Unknown

Motor } Remains to
 Ship }

Size of Casket Orchid # 12 1/2 Jewel HC
 (State Color and Number)

Manufactured by Athena Casket Co

Cemetery } Mountain Cemetery
 Crematory }

Diagram of Lot or Vault 

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 350 00

Casket \$ 15 00

Burial Vault or Box (State Kind) \$

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit Mountain \$ 4 00
 (State Number and District)

— Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb Opening \$ 100 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 Index Sublime \$ 2 56
 line Death Notices in Papers
Plan Ruggles \$ 7 50
Rev. Terrell \$ 10 00
 (Names of Newspapers)

Sales Tax \$ 5 98

Total Footing of Bill \$ 494 99

Less \$ 18 25

Balance \$ 476 74

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Aug 20	To Above Balance	\$ 20 -	Aug 22	To Balance Forward	\$ 435 -
Sept 16	By Payment	\$ 20 -	Aug 22	By Payment	\$ 125 00
July 8	July 8	\$ 19 99	Sept 19	" "	\$ 20 -
" "	" "	\$ 19 99	Oct 1	" "	\$ 20 -
" "	" "	\$ 19 99	Dec 3	" "	\$ 25 00
" "	" "	\$ 19 99	Jan 14	" "	\$ 25 -
State ment Aug 20	Aug 20	\$ 40 -	Feb 27	Insurance	\$ 25 -
			Mar 25	Companies	\$ 25 -
			May 27	" "	\$ 25 -
			July 3	" "	\$ 20 -
			July 27	" "	\$ 20 -
			Aug 20	" "	\$ 20 -
			Oct 30	" "	\$ 20 -
			Nov 29	" "	\$ 20 -

Insurance \$
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness

RECORD OF FUNERAL

113

Total No. Yearly No. Date of Entry Aug 12 1949

Name of Deceased Kenneth L. Perry (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2 Box 401 ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Wm Perry

Address: Rt. 2 Box 401

Order given by (or informant)

How Secured

If Veteran, State War World War # 2

Occupation Farming 565-37-7552 (Social Security Number)

Employer and Address

Date of Death Aug 12 '49 1:30 P.M. (Date) (Hour)

Date of Birth Sept 8, 1899 (Date)

Age 49 (Years) (Months) (Days)

Date of Funeral 8-16-49 Tuesday 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Olin A. Farrell (Address)

Religion of the Deceased

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Family Home

Cause of Death Broncho pneumonia

Contributory Causes Terminal Hepatitis

Certifying Physician Thurmon Silverfield

Complete Funeral (except outlays) \$ 383.00

Casket 15.00

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 19.50

Door Spray, \$ Gloves, \$ 1.50

Funeral Car, \$ Ambulance, \$ 26.50

Limousines to Cemetery @ \$ 3.00

Extra Limousines @ \$ 1.95

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

2 Certif. Copies of Death Certificate No. 2 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation

Flowers, \$ Palms, \$ Matting, \$

Burial Vault, \$

Device, \$

Organist, \$

Service, \$

Charges

es.

Papers 10.00

..... 2.38

..... 7.50

..... 6.42

..... 426.48

Less 19.50 30 days \$

Balance \$

Entered into Ledger, page or below.

No. August 12 1949

RECEIVED OF Bates & Evans

Five 41 100 Dollars

Cash in the estate of

Mr. Kenneth Perry

\$ 541 William Perry

Block No. Less 19.50 30 days \$

Balance \$

Entered into Ledger, page or below.

SIZE	No.	Cov.	Date	Amount Paid	Balance
6/6	9585- H.P.	44			
DESCRIPTION:	Atlas Panel & Pillow Full lined Eggehell Crepe de Chene Eggehell Bally B & Bp 37-3x0- Bronze Halls				
HANDLES:					
Statements sent	\$	\$			
" "	\$	\$			
" "	\$	\$			

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Total No. Yearly No. Date of Entry Aug 11 1949

Name of Deceased Mirtie M. Shekell white
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 1 Box 544 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Gertude Frago

Address: Rt 1 Box 544 Sonoma

Order given by Mother
 (or informant)

How Secured:

If Veteran, State War

Occupation Housewife (Social Security Number)

Employer and Address

Date of Death Aug 11 '49 12:55 AM
 (Date) (Hour)

Date of Birth March 11, 1882
 (Date)

Age 67
 (Years) (Months) (Days)

Date of Funeral 8-13-49 Sat 2 P M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Olin A. Terrell
 (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State

(or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Hosp

Cause of Death Chronic Myocarditis, myocardial

Contributory Causes degeneration,
Arteriosclerosis

Certifying Physician W. S. Price M.D.
 (or Coroner)

His Address Sonoma

Name of Father Unknown W. S. Price

His Birthplace Unknown

Maiden Name of Mother Unknown

Her Birthplace Unknown

Motor } Remains to
 Ship }

Size of Casket Cordill # 12 1/2
 (State Color and Number)

Manufactured by Athena Casket Co.

Cemetery } Mountain Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 350 00

Casket 7 00

Burial Vault or Box 15 00
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 175 00
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to:
 Deliver Flowers to:
 Removal Charges
 Procuring Burial Permit Mountain 4 00
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation

Total Footing of Bill \$ 18 25

Less \$ 476 74

Balance \$ 476 74

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Jan 20 1951	To Above Balance	20 -	\$ 39 99		To Balance Forward	3 -	\$ 42 -
April 16 1951	By Payment	20 -	\$ 19 99		By Payment	49 "on acc	\$ 125 00
July 8 1952	Inf full	19 99	\$ 0 00	Aug 22	"	"	\$ 20 -
"	"	"	\$ 19 99	Sept 19	"	"	\$ 20 -
"	"	"	\$ 19 99	Oct 1	"	"	\$ 25 00
"	"	"	\$ 19 99	Nov 3	"	"	\$ 25 -
"	"	"	\$ 19 99	Dec 14	"	"	\$ 25 -
State ment Aug 20		49 -	\$ 0 00		"	"	\$ 0 00

Insurance \$ Names of Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness

RECORD OF FUNERAL

113

Total No. Yearly No. Date of Entry Aug 12 1949

Name of Deceased Kenneth L. Perry (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 2 Box 401 ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Wm Perry

Address Rt. 2 Box 401

Order given by (or informant)

How Secured

If Veteran, State War World War # 2

Occupation Farming 565-37-7552 (Social Security Number)

Employer and Address

Date of Death Aug 12 '49 1:30 P.M. (Date) (Hour)

Date of Birth Sept 8, 1899 (Date) (Month) (Day)

Age 49 (Years) (Months) (Days)

Date of Funeral 8-16-49 Tuesday 10 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Olin A. Torrell (Address)

Religion of the Deceased

Birthplace Canada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Family Home

Cause of Death Broncho pneumonia

Contributory Causes Terminal Hepatitis

Certifying Physician Dr. J. M. Silverfield (or Coroner)

is Address Santa Rosa

ame of Father Avery H. Perry

is Birthplace

Maiden Name of Mother Emma L. Pringle

er Birthplace

otor } Remains to
hip }

ize of Casket Laupe - (State, Color and Number)

Manufactured by A. F. Co.

emetery } Golden Gate Natl. Cem.
rematory }

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays) \$ 383.00

Casket 15.00

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 19.50

Door Spray, \$ Gloves, \$ 1.50

Funeral Car, \$ Ambulance, \$ 26.50

Limousines to Cemetery @ \$ 3.00

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

2 Certif. Copies of Death Certificate No. 2 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. O. A. Torrell 10.00

line Death Notices in Index Tribune 2.36

(Names of Newspapers) Lean Huggles 7.50

Sales Tax 6.42

Total Footing of Bill \$ 426.48

Less 19.90 30 days \$

Balance \$

Entered into Ledger, page or below.

SIZE 6/6 No. 9585- H.P. COV. 44 Date

DESCRIPTION: Atlas Panel & Pillow
Full lined Eggshell Crepe de Chine
Eggshell Bally B & Bp
37-3x0- Bronze Hds

HANDLES:

Statements Sent \$ \$ \$ \$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry August 13 1944

Name of Deceased Perry Baldwin Rambo white
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Glen Ellen ☐ Husband ☐ Wife ☐ Widow }
or of } Age of Husband or Wife (if living) Years

Charge to Anna Rambo

Address Box 131 Eldridge

Order given by above
(or informant)

How Secured

If Veteran, State War

Occupation Attendant State Home
(Social Security Number)

Employer and Address 307-12-1310

Date of Death Aug 13 44 9:30 AM
(Date) (Hour)

Date of Birth Sept 1 1901

Age 47
(Years) (Months) (Days)

Date of Funeral Aug 15 44 Mon 2:30 M.
(Date) (Day of Week) (Hour)

Services at Chapel of Chimes

Clergyman Rev. Farlander

Complete Funeral (except outlays)	\$ 235 00
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress (State Kind and Color)	
Slippers, \$ Hose, \$	11750
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$ Gloves, \$	350
Funeral Car, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M		Santa Rosa, California, <u>Sept. 8</u> 194 <u>9</u>		<u>45.00</u>
<u>Bates & Evans</u> <u>Sonoma, Calif.</u>				
Crematorium Services For <u>Perry Baldwin Rambo, deceased</u>				
Memorial Section --including endowment fund deposit-- <u>Bible Clorster</u>		Tier <u>E. 8</u>	No. <u>18</u>	<u>45.00</u>
Urn <u>Julaid Riche</u>	Chest	Sales Tax <u>1.20</u>		<u>36.20</u>
Flower Service { <u>Twice</u> <u>Once</u> }	Each Week, from	to		
{ Rental Care }	from	to	Engraving	Permit
Total				<u>81.20</u>
Credits				
Received <u>Eighty one and 20/100</u>			Dollars	<u>81.20</u>
Present Balance				
Check No. <u>90-667-815</u>	Record No. <u>3642</u>		CALIFORNIA CREMATORIUM	<u>10.00</u>
Per <u>E. B. Jones</u>				

Present Balance
CALIFORNIA CREMATORIUM
Per 6.6.3

LOT NO.....	Sales Tax		3	53
Grave No.....	Total Footing of Bill	\$	399	73
Section No.....	Less	\$	11	75
Block No.....	Balance	\$	387	98

edger, page.....or below.

SIZE 6/3 No. 9405- Slip Cap COV. Gray Dec

DESCRIPTION: 4ined Sunray Rd.Pillow

HANDLES: 382-H418

Statement to Brother	Aug 16 '49	276	23
		11	75

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Last October
 Total No. *25-38* Yearly No. _____ Date of Entry *Aug 14* 19*49*

Name of Deceased *Lorraine Frances Gallo White*
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: *Rt. 1 Box 247* ☐ Husband ☐ Wife ☐ Widow }
 or _____ of } Age of Husband or Wife (if living) _____ Years

Charge to: *Julius Gallo (father)*

Address: *Rt. 1 Box 247 Sonoma*

Order given by: *above* (or informant)

How Secured _____

If Veteran, State War _____

Occupation *clerk* (Social Security Number) _____

Employer and Address _____

Date of Death *Aug 14, 1949* 8:45 AM (Date) (Hour)

Date of Birth *Jan 29, 1929* (Date)

Age *20* (Years) *6* (Months) *15* (Days)

Date of Funeral *Aug 17, 1949* 9:15 A. M. (Date) (Day of Week) (Hour)

Services at *St. Francis*

Clergyman *Rev. John Roberts* (Address)

Religion of the Deceased _____

Birthplace *San Francisco*

Resided in the State *Calif.* (or U. S. or City or County) (Years) (Months)

Place of Death *Saint Francis Hosp.*

Cause of Death *Disseminated*

Contributory Causes *Lupus Erythematosus*
Bronchopneumonia

Certifying Physician *Robert S. Barrett M.D.* (or Coroner)

His Address *450 Sutter St. San Francisco*

Name of Father *Julius Gallo*

His Birthplace _____

Maiden Name of Mother *Santina Vivian*

Her Birthplace _____

Motor } Remains to _____
 Ship }

Size of Casket *Arch'd 12 1/2 ft.* (State Color and Number)

Manufactured by *Altus Co.*

Cemetery } *Catholic Cemetery*
 Crematory }

Diagram of Lot or Vault

Lot No. _____
 Grave No. _____
 Section No. _____
 Block No. _____
 Owner _____

Complete Funeral (except outlays) \$ *350 00*

Casket _____ \$ *15 00*

Burial Vault or Box _____ (State Kind) \$ _____

Embalming Body _____ (Name of Embalmer) \$ _____

Barber, \$ _____ Hair Dressing, \$ _____

Dressing Body, \$ _____ Underwear, \$ _____

Suit or Dress _____ (State Kind and Color) \$ *17 50*

Slippers, \$ _____ Hose, \$ _____

Folding Chairs, \$ _____ Tarpaulin, \$ _____

Candelabrum, \$ _____ Candles, \$ _____

Door Spray, \$ _____ Gloves, \$ _____

Funeral Car, \$ _____ Ambulance, \$ _____

Limousines to Cemetery @ \$ _____

Extra Limousines @ \$ _____

Autos to R. R. Station @ \$ _____

Getting Remains from _____

Taking Remains to _____

Trip to Coroner's Inquest _____

Delivering Box to _____

Deliver Flowers to _____

Removal Charges _____

Procuring Burial Permit _____ \$ *1 00*

Certif. Copies of Death Certificates No. _____ (State Number and District)

Pall Bearer Service, \$ _____ Use of Chapel, \$ _____

Gross Total for Sales Tax \$ _____

Outlay for *Opening Closing* _____

Cremation *Permanent Work on Vault* \$ *48 80*

Flowers, \$ _____ Palms, \$ _____ Matting, \$ _____

Rental of Tent, \$ _____ of Temporary Vault, \$ _____

Opening of Grave or Tomb _____

Lining Grave, \$ _____ Lowering Device, \$ _____

Outlay for Shipping Charges _____

Clergyman, \$ _____ Singers, \$ _____ Organist, \$ _____

Railroad } Tickets, \$ _____ Aero-
 or Motor } plane Service, \$ _____

Telegr., Phone, Cable or Radio Charges _____

Cash Advanced _____

Out of town Undertaker's Charges _____

Personal Service *Li. Stalia* \$ *5 00*

line Death Notices in _____ Papers \$ *4 00*

Press Democrat (Names of Newspapers) \$ *2 50*

Mass \$ *15 00*

Sales Tax \$ *5 70*

Total Footing of Bill \$ *447 06*

Less *18 25 30 days* \$ *22 06*

Balance \$ *22 06*

Entered into Ledger, page _____ or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<i>Aug 29</i>	<i>Statement</i>	\$	<i>Sept 9, 49</i>	<i>on acct</i>	\$ <i>100</i>
<i>Mar 7, 1950</i>	<i>to father</i>	\$	<i>Nov 18, 50</i>	<i>on acct</i>	\$ <i>100 00</i>
	"	\$	<i>Nov 12, 54</i>	"	\$ <i>25</i>
	"	\$	<i>Nov 2, 58</i>	"	\$ <i>20</i>
	"	\$	<i>Jan 11, 56</i>	"	\$ <i>12 06</i>
	"	\$	<i>May 30</i>	"	\$ <i>20</i>

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from maturity at the rate of _____ % per annum.

Witness _____ Signed _____

Address _____

RECORD OF FUNERAL

115

Total No. *2538* Yearly No. *14* Date of Entry *Aug. 14* 19*49*
 Name of Deceased *Lorraine Frances Gallo White*
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence *Rt. 1 Box 207* ☐ Husband ☐ Wife ☐ Widow }
 Charge to *Julius Gallo (father)* or of } Age of Husband or Wife (if living) Years
 Address *Rt. 1 Box 240 Sonoma*
 Order given by *above* (or informant)
 How Secured
 If Veteran, State War
 Occupation *clerk* (Social Security Number)
 Employer and Address
 Date of Death *Aug. 14, 1949* 8:45 AM (Date) (Hour)
 Date of Birth *Jan. 29, 1929* (Date) (Month) (Year)
 Age *20* (Years) *6* (Months) *15* (Days)
 Date of Funeral *Aug. 17, 1949* 9:15 A. M. (Date) (Day of Week) (Hour)
 Services at *St. Francis*
 Clergyman *Rev. John Roberts* (Address)
 Religion of the Deceased
 Birthplace *San Francisco*
 Resided in the State *Calif.* (or U. S. or City or County) (Years) (Months)
 Place of Death *San Francisco Hosp.*
 Cause of Death *Disseminated*
 Contributory Causes *Lupus Erythematosus*
Pneumonia
 Certifying Physician *Robert S. Barrett M.D.* (or Coroner)
 His Address *450 Sutter St. San Francisco*
 Name of Father *Julius Gallo*
 His Birthplace
 Maiden Name of Mother *Antonia Viviano*
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket *Arch. 12x24* (State Color and Number)
 Manufactured by *Athen. C. C.*
 Cemetery } *Catholic Cemetery*
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Complete Funeral (except outlays) \$ *350.00*
 Casket \$ *15.00*
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Rt. Italia \$ *5.00*
 Line Death Notices in Papers \$ *4.00*
 Press Democrat
San Jose \$ *2.56*
Mass \$ *15.00*
 Sales Tax \$ *5.70*
 Total Footing of Bill \$ *447.06*
 Less *18.75* 30 days \$ *22.06*
 Balance \$ *22.06*
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<i>Aug 29</i>	<i>Statement</i>	\$	<i>Sept 9, 49</i>	<i>on acct</i>	\$ <i>1.00</i>
<i>Mar 7, 1950</i>	<i>to father</i>	\$	<i>Nov 18, 50</i>	<i>on acct</i>	\$ <i>1.00</i>
		\$	<i>Nov 22, 54</i>	<i>" " "</i>	\$ <i>2.5</i>
		\$	<i>Nov 21, 58</i>	<i>" " "</i>	\$ <i>2.0</i>
		\$	<i>Jan 11, 56</i>	<i>" " "</i>	\$ <i>12.00</i>
		\$	<i>May 30</i>	<i>" " "</i>	\$ <i>2.0</i>

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

115

Total No. *1* Yearly No. *1* Date of Entry *Aug 14* 19*49*
 Name of Deceased *Lorraine Frances Gallo White*
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence *Rt. 1 Box 207* ☐ Husband ☐ Wife ☐ Widow
 Charge to *Julio Gallo (father)* or *Julio Gallo* of *Julio Gallo* Age of Husband or Wife (if living) *38* Years
 Address *Rt. 1 Box 207*
 Order given by *above* (or informant)
 How Secured
 If Veteran, State War
 Occupation *clerk* (Social Security Number)
 Employer and Address
 Date of Death *Aug 14 1949* 8:45 AM
 Date of Birth *Jan 29 1929*
 Age *20* Years *6* Months *15* Days
 Date of Funeral *Aug 17 1949* 9:15 AM
 Services at *St. Francis*
 Clergyman *Rev. John Roberts* (Address)
 Religion of the Deceased
 Birthplace *San Francisco*
 Resided in the State *Calif.* (or, U.S. or City or County) (Years) (Months)
 Place of Death *San Francisco*
 Cause of Death *assassinated*
 Contributory Causes *Lupus Erythematosus*
Pneumonia
 Certifying Physician *Robert S. Barrett MD* (or Coroner)
 His Address *450 Sutter St. San Francisco*
 Name of Father *Julio Gallo*
 His Birthplace
 Maiden Name of Mother *Antonia Tiviano*
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket *Arch 12x24* (State Color and Number)
 Manufactured by *Alhambra*
 Cemetery } *Catholic Cemetery*
 Crematory }
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Complete Funeral (except outlays) \$ *350.00*
 Casket \$ *15.00*
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ *1.75* Hair Dressing, \$ *1.50*
 Dressing Body, \$ *1.50* Underwear, \$ *1.50*
 Suit or Dress (State Kind and Color)
 Slippers, \$ *1.50* Hose, \$ *1.50*
 Folding Chairs, \$ *1.90* Tarpaulin, \$ *3.00*
 Candelabrum, \$ *3.00* Candles, \$ *3.00*
 Door Spray, \$ *3.00* Gloves, \$ *3.00*
 Funeral Car, \$ *3.00* Ambulance, \$ *3.00*
 Limousines to Cemetery @ \$ *3.00*
 Extra Limousines @ \$ *3.00*
 Autos to R. R. Station @ \$ *3.00*
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District) \$ *1.00*
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ *3.00* Use of Chapel, \$ *3.00*
 Gross Total for Sales, Tax, \$ *447.86*
 Outlay for *Funeral*
 Cremation *Cremation*
 Flowers, \$ *3.00* Palms, \$ *3.00* Matting, \$ *3.00*
 Rental of Tent, \$ *3.00* of Temporary Vault, \$ *3.00*
 Opening of Grave or Tomb
 Lining Grave, \$ *3.00* Lowering Device, \$ *3.00*
 Outlay for Shipping Charges
 Clergyman, \$ *3.00* Singers, \$ *3.00* Organist, \$ *3.00*
 Railroad } Tickets, \$ *3.00* Aero-
 or Motor } plane Service, \$ *3.00*
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
St. Salvia
 line Death Notices in *Papers*
St. Salvia
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ *447.86*
 Less *18.75* 30 days
 Balance \$ *429.11*
 Entered into Ledger, page *06* or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<i>Aug 29</i>	<i>Statement</i>	\$	<i>Sept 9 49</i>	<i>on acct</i>	\$ <i>1.00</i>
<i>Mar 7 1950</i>	<i>to father</i>	\$	<i>Nov 18 50</i>	<i>on acct</i>	\$ <i>1.00</i>
		\$	<i>Nov 25 54</i>	<i>"</i>	\$ <i>2.50</i>
		\$	<i>Nov 25 55</i>	<i>"</i>	\$ <i>2.00</i>
		\$	<i>Jan 11 56</i>	<i>"</i>	\$ <i>1.20</i>
		\$	<i>May 30</i>	<i>"</i>	\$ <i>2.00</i>

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within *30* days from date. Interest to accrue from maturity at the rate of *5* % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

117

Total No. Yearly No. Date of Entry August 21 1949

Name of Deceased Ernest N. Dixon
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 128 Eldridge ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Ethel Dixon

Address Above

Order given by Above (or informant)

How Secured

If Veteran, State War World War I

Occupation Chief (Social Security Number)

Employer and Address Linoma State Home

Date of Death Aug 21, 1949 (Date) (Hour)

Date of Birth Nov 29 1899 (Date) (Hour)

Age 52 (Years) (Months) (Days)

Date of Funeral Aug 25 Thurs 3:30 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Linoma County Hospital

Cause of Death Investigation Pending

Contributory Causes

Certifying Physician Vernon W. Silvershield (or Coroner)

Complete Funeral (except outlays) \$ 393 -

Casket \$

Burial Vault or Box \$ 15 -

Embalming Body (State Kind)

Barber, \$ Hair Dressing, \$ (Name of Embalmer)

Dressing Body, \$ Underwear, \$ (State Kind and Color)

Suit or Dress \$

Slippers, \$ Hose, \$ (State Kind and Color)

Folding Chairs, \$ Tarpaulin, \$ \$ 19.65

Candelabrum, \$ Candles, \$ \$ 1.50

Door Spray, \$ Gloves, \$ \$ 2.15

Funeral Car, \$ Ambulance, \$ \$ 3

Limousines to Cemetery @ \$ \$ 63.45

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from \$

Taking Remains to \$

Trip to Coroner's Inquest \$

Delivering Box to \$

Deliver Flowers to \$

Removal Charges \$ 6.00

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$

Flowers, \$ Palms, \$ Matting, \$ \$ 7.50

Rental of Tent, \$ of Temporary Vault, \$ \$ 2.56

Opening of Grave or Tomb \$ 4.00

..... \$ 6.35

..... \$ 497.41

No. August 29 49 194

RECEIVED OF Bates & Evans

Discharge papers, Ernest N. Dixon, (deceased) 3 Dollars

\$ Ethel S. Dixon
Widow

Diagram of Lot or Vault				Owner	Balance	Entered into Ledger, page or below.			
Date		Amount Paid	Balance	Date		Amount Paid	Balance		
	To Above Balance		\$		To Balance Forward		\$		
	By Payment	\$	\$		By Payment	\$	\$		
Aug 29	Statement Mrs Dixon	\$	\$	Sept 22	In acct	\$ 327.00	\$		
"	"	\$	\$	Oct 3	In full	\$ 150 -	\$		
"	"	\$	\$	"	"	\$	\$		
"	"	\$	\$	"	"	\$	\$		
Sept 1	Filed with Government	\$	\$	"	"	\$	\$		

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... August 21 1949

Name of Deceased..... William Arthur Chance W. (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt 1, 34157 Sonoma ☐ Husband ☐ Wife ☐ Widow } Ethel (Age of Husband or Wife (if living)..... Years)

Charge to: Ethel Chance

Address: Above

Order given by Mrs. Elizabeth Lindeauer (or informant)

How Secured: 534 Capp St. \$7.10

If Veteran, State War no

Occupation Truck farmer (Social Security Number)

Employer and Address

Date of Death Aug. 21, 1949 - 8:45 a.m. (Date) (Hour)

Date of Birth Feb. 9, 1881 (Years) (Months) (Days)

Age 68

Date of Funeral Aug. 23, Tue. 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Reader - Sonoma (Address)

Religion of the Deceased

Birthplace Missouri

Resided in the State 62 - (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Uremia

Contributory Causes Pyelonephritis

Certifying Physician Robert Shar (or Coroner)

His Address Sonoma County

Name of Father Albert Clay

His Birthplace

Maiden Name of Mother Elizabeth

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and N)

Manufactured by S.F.

Cemetery } Chapel of The Chr. (State)

Crematory }

Complete Funeral (except outlays)	\$ 195 -
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$
Outlay for Lot	45.50

SIZE 6/3 No. 9560

DESCRIPTION:

Lined Rego

HANDLES:

338-Hals

Cov.

Gray Amb

Footing of Bill

Balance \$247.24

into Ledger, page..... or below.

Date	Amount Paid	Balance
To Above Balance		\$
By Payment		\$
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$
To Balance Forward		\$
By Payment		\$
" " Aug 30 49 an ac	\$ 100 -	\$
" " Sept 15 - 22 " full	\$ 147.24	\$
" "		\$
" "		\$
" "		\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

117

Total No. Yearly No. Date of Entry August 21 19 49

Name of Deceased Ernest N. Dixon
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 128, Eldridge ☐ Husband ☐ Wife ☐ Widow }
 Charge to Mrs. Ethel Dixon or of } Age of Husband or Wife (if living) Years

Address Above

Order given by Above (or informant)

How Secured

If Veteran, State War World War I

Occupation Chief (Social Security Number)

Employer and Address Sonoma State Home

Date of Death Aug 21, 1949 (Date) (Hour)

Date of Birth Nov 29 18 99 (Date) (Month) (Day) (Year)

Age 52 (Years) (Months) (Days)

Date of Funeral Aug 25 Thurs 3:30 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman (Address)

Religion of the Deceased

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Investigation Pending

Contributory Causes

Certifying Physician Vernon W. Silvershield (or Coroner)

His Address Santa Rosa

Name of Father

His Birthplace

Maiden Name of Mother

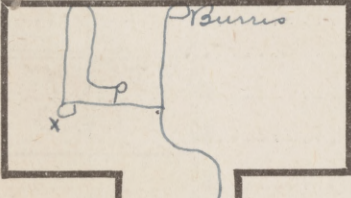
Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Large Extra Size (State Color and Number)

Manufactured by S7

Cemetery } Int. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault  Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 393 -

Casket \$ 15 -

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$ 19650

Candelabrum, \$ Candles, \$ 15

Door Spray, \$ Gloves, \$ 21150

Funeral Car, \$ Ambulance, \$ 3

Limousines to Cemetery @ \$ 63450

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District) 6.00

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 63 -

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... Dan Ruggles 7.50

..... Indefinite 2.56

..... Democrat 4.00

Sales Tax 6.35

Total Footing of Bill \$ 497.41

Less 20.40 - 30 days \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
<u>Aug 29</u>	<u>Statement Mrs. Dixon</u>	\$	<u>Sept 22</u>	<u>In acct</u>	\$ <u>327.00</u>
	" "	\$		" "	\$
	" "	\$	<u>Oct 3</u>	<u>In full</u>	\$ <u>150</u> -
	" "	\$		" "	\$
	" "	\$		" "	\$
<u>Sept 1</u>	<u>Filed with Government</u>	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 5 1949

Name of Deceased Hannah Mary Stender (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 1, Box 160, Oakdale, Calif. ☐ Husband ☐ Wife ☐ Widow Fred N. (Age of Husband or Wife (if living) Years)

Charge to: Fred N. Stender

Address: Above

Order given by: Pop Young's Resort (or informant)

How Secured:

If Veteran, State War No.

Occupation At Home (Social Security Number) No.

Employer and Address

Date of Death Sept 5, 1949 1:05 A.M. (Date) (Hour)

Date of Birth May 8, 1889 (Date) (Month) (Day)

Age 60 (Years) (Months) (Days)

Date of Funeral Sept 10 Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace California

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death Pop's Resort, Pigeon Springs

Cause of Death

Contributory Causes

Certifying Physician Vernon Silversfield (or Coroner)

His Address Santa Rosa, California

Name of Father Henry Matthoff

His Birthplace

Maiden Name of Mother Temple

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Orchid 3 Contek (State Color and Number)

Manufactured by Phens Casket Co.

Cemetery } Mt. Cemetery, Sonoma
Crematory }

Diagram of Lot or Vault

Lot No. Grave No. Section No. Block No. Owner

Complete Funeral (except outlays) \$ 3.50

Casket \$ 1.50

Burial Vault or Box (State Kind) \$ 1.50

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ \$

Dressing Body, \$ Underwear, \$ \$

Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Door Spray, \$ Gloves, \$ \$

Funeral Car, \$ Ambulance, \$ \$

Limousines to Cemetery @ \$ \$

Extra Limousines @ \$ \$

Autos to R. R. Station @ \$ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District) \$ 6

Certif. Copies of Death Certificates No. (State Physician's or Coroner's) \$

Pall Bearer Service, \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation Coping \$ 15.00

Flowers, \$ Palms, \$ Matting, \$ \$

Rental of Tent, \$ of Temporary Vault, \$ \$

Opening of Grave or Tomb \$ 63.00

Lining Grave, \$ Lowering Device, \$ \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$ \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$ \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service \$ 15.00

..... line Death Notices in Papers (Names of Newspapers) \$

Sales Tax \$ 5.70

Total Footing of Bill \$ 529.70

Less 18.25 30 days \$ 511.45

Balance \$ 511.45

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 10	To Above Balance	\$	Oct 6	To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

119

Total No. Yearly No. Date of Entry Sept 8 19 49

Name of Deceased Helen Dowdall
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 605 Haight St Alameda ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Edward Dowdall
 Address: Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Sept 8, 1949 2:25 A (Date) (Hour)

Date of Birth Feb 2, 1883

Age 66 (Years) (Months) (Days)

Date of Funeral Sept 10 Sat 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Montana

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Alameda Hospital

Cause of Death Carcinomatosis

Contributory Causes Primary, Ductus Uteri

Certifying Physician Joseph L. Marshall M.D. (or Coroner)

His Address 2000 Santa Clara Ave Alameda

Name of Father Alexander Prematt

His Birthplace Margaret Beckert

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Orchard's C. (State Color and Number)

Manufactured by Athens Basket Co

Cemetery } Catholic Cemetery Alameda
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 3.50 -
 Casket
 Burial Vault or Box (State Kind) 1.50 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$ 1.75
 Folding Chairs, \$ Tarpaulin, \$ 1.50
 Candelabrum, \$ Candles, \$ 1.90
 Door Spray, \$ Gloves, \$ 1.30
 Funeral Car, \$ Ambulance, \$ 5.70
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 4.50 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service 1.50 00
 line Death Notices in Papers
Index Tribune 2.50
Alameda 8.40
 Sales Tax 5.70
 Total Footing of Bill \$ 441.66
 Less 1.82 \$ 18.25
 Balance \$ 423.41

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
9/10/49	By Payment	\$	Sept 10, 1949	By Payment	\$ 423.40
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 7 19 49
 Name of Deceased Hildora Walmsey W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Eldridge, Calif. ☐ Husband ☐ Wife ☐ Widow } George
 Charge to: R. D. Thompson or of } Age of Husband or Wife (if living) Years
 Address 740 Ridge St. St Paul Complete Funeral (except outlays) \$ 365

Sept 23/49

Received from Bates & Evans the following property belonging to the Estate of Hildora Walmsey, deceased:

- a Bank of America NTSA Travellers cheques \$200⁰⁰
- b Cash in the sum of Fifty Nine Dollars \$59⁰⁰
- c Silver coins in the sum of Two ³⁶ (2 ³⁶)
- d 1 Waterman fountain pen.
- e 1 White metal Elgin lady's wrist watch, 4 small white stones
- f 1 White metal ring with 1 large white stone & 6 small white stones with blue edging.
- g 1 White metal ring with 12 small white stones & 1 large white stone
- h 1 string of pearl like-stones

Bank of America NTSA
 Executor of Will of Hildora
 Walmsey, deceased.

by [Signature] Asst Trust Officer
 Santa Rosa,
 Calif.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

121

Age.....	Funeral Car, \$.....	Ambulance, \$.....	
(Years)	(Months)	(Days)	
	Limousines to Cemetery.....	@ \$.....	

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 7 19 49
 Name of Deceased Hildora Walmsley
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Eldridge, Calif. ☐ Husband ☐ Wife ☐ Widow George
 or of Age of Husband or Wife (if living) Years
 Charge to R. D. Thompson
 Address 740 Ridge St. St Paul
Minnesota
 Order given by Rose Laura Cemetery
 (or informant) Ship ashes
 How Scanned

Complete Funeral (except outlays) \$ 365
 Casket
 Burial Vault or Box (State Kind)

Sept. 13, 1949

Received of Bates & Evans the following items;

one large suit case, brown, with personal items
 one vanity bag
 one purse with cosmetics

Personal effects of Hildora Walmsley (deceased).

Signed

Cousin

R. D. Thompson

Name of Mother Peterson

ce.

ns to

by Orched (State Color and Number)apel of The Exumes & R.

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service R. D. Thompson San 7.50
Rev. Merrill 10
 line Death Notices in Papers 2.56
 (Names of Newspapers) Napa Register 2.50
 Sales Tax 5.48
 Total Footing of Bill \$ 443.04
 Less 17.25 30 days \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>12/49</u>	<u>Filed</u>				
To Above Balance		\$	To Balance Forward		\$
By Payment		\$	By Payment		\$
" "		\$	" <u>Jan</u>	<u>443.04</u>	\$
" "		\$	" <u>Full</u>		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$

Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

121

Total No. Yearly No. Date of Entry Sept 10 1949
 Name of Deceased William P. Bannister
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt 1 Box 41, Isley, Ellen ☐ Husband ☐ Wife ☐ Widow
 Charge to: Mrs. Treasure N. Bannister or of Age of Husband or Wife (if living) Years
 Address: Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War No
 Occupation Retired Steamship Electrician (Social Security Number) 546-49-0897
 Employer and Address
 Date of Death Sept 10, 1949 10:15 a.m.
 Date of Birth June 14
 Age (Years) (Months) (Days)

Complete Funeral (except outlays) \$ 39.8
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8192

RECEIVED FROM M Bates & Evans Santa Rosa, California Sept 12 1949
Sonoma, Calif.

Crematorium Services For William P. Bannister \$ 45.00
 Memorial Section
 --including endowment fund deposit-- Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Rental } from to Engraving Permit
 { Care } Total \$ 45.00
 Credits
 Received Forty-five and no/100 Dollars \$ 45.00
 Check No. 667-842 Record No. 3671
 Present Balance
 CALIFORNIA CREMATORIUM
 Per 6.6.70

Size of Casket Large (State Color and Number)
 Manufactured by S.P.
 Cemetery Chapel of the Chimes S.P.
 Crematory
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 490.93
 Less 19.90 - 30 days \$ 19.90
 Balance \$ 471.03
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE <u>6/6</u>	No. <u>9585- H.P.</u>	Cov. <u>448</u>	To Balance Forward		
DESCRIPTION: <u>Atlas Panel & Pillow</u>			By Payment		
<u>Full lined Eggshell Crepe de Chine</u>			" " <u>Sept 22</u>		
<u>Eggshell Bally B & Bp</u>			" " <u>Sept 22</u>		
HANDLES: <u>37-3x0- Bronze Hds</u>			" " <u>Sept 22</u>		
<u>Sept 15, 1949 Statement</u>			" " <u>Sept 22</u>		

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

121

Total No. Yearly No. Date of Entry Sept 10 19 49

Name of Deceased William P. Bannister
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1, Box 41, Islet, Ellen ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Treasure N. Bannister

Address: Abma

Order given by (or informant)

How Secured:

If Veteran, State War No. 546-49-0897

Occupation Retired Steamship Executive (Social Security Number)

Employer and Address

Date of Death Sept 10, 1949 (Date) 10:15 A.M. (Hour)

Date of Birth June 14 (Year) (Month) (Days)

Age

Complete Funeral (except outlays) \$ 398 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color) 199

Slippers, \$ Hose, \$ 3

Folding Chairs, \$ Tarpaulin, \$ 6.97

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8192

RECEIVED FROM M Bates & Evans Santa Rosa, California Sept 12 194 9

Crematorium Services For William P. Bannister 45.00

Memorial Section
--including endowment fund deposit-- Tier No.

Urn Chest Sales Tax

Flower Service { Twice Once } Each Week, from to

{ Rental Care } from to Engraving Permit

Total 45.00

Credits

Received Forty-five and no/100 Dollars 45.00

Present Balance

Check No. 667-842 Record No. 3671 CALIFORNIA CREMATORIUM Per G. E. Jones

Size of Casket single (State Color and Number)

Manufactured by S. F. line Death Notices in Papers

Cemetery Chapel of the Chimes S.R. (Names of Newspapers) 10

Crematory Chapel of the Chimes S.R. 12.96

Lot No. Sales Tax 12.00

Grave No. Total Footing of Bill \$ 490.93

Section No. Less 19.90 - 30 days \$ 19.90

Block No. Balance \$ 471.03

Owner Entered into Ledger, page or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 15, 1949					
SIZE <u>6/6</u> No. <u>9585- R.P.</u> Cov. <u>448</u> DESCRIPTION: <u>Atlas Panel & Pillow</u> <u>Full lined Eggshell Crepe de Chine</u> <u>Eggshell Bally B & Bp</u> HANDLES: <u>37-3x0- Bronze Hdl's</u>			To Balance Forward \$ By Payment \$ " " \$ " " \$ " " \$ " " \$		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 7 19 49
 Name of Deceased Hildara Walmsley (What Race) W
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence Chadridge, Calif. ☐ Husband ☐ Wife ☐ Widow ☐ Stranger
 or of Age of Husband or Wife (if living) Years
 Charge to: R. D. Thompson
 Address 740 Ridge St. St. Paul
Minnesota
 Order given by Roseanna Cemetery
Shipashes (or informant)
 How Secured: no

Veteran, State War no 571-32-0618

Occupation Nurse (Social Security Number) no

Employer and Address Sonoma State Home

Date of Death Sept 7, 1949 1:30 P.M.
 (Date) (Hour)

Date of Birth Dec 20, 1888
 (Date) (Month) (Year)

Date of Funeral Sept 13, 1949 (Day of Week)
 (Date)

Place at Chapel (Address)

Name of the Deceased Norway

Place of the Deceased Norway

In the State Woodland, Calif. (or U. S. or City or County)

Death Coronary Oc

Death Coronary Oc

Primary Causes Coronary Oc

Physician W. C. McN (or Coroner)

Place of Death Woodland, Calif.

Other Unknown

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

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Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Bates & Evans
 Funeral Directors
 BROADWAY ST.
 SONOMA, CALIFORNIA
 TELEPHONE 2686

Sonoma, California

To _____
 Please release the remains of _____
 deceased, to Bates and Evans, Funeral Directors, to be prepared for interment.
 other personal effects, now in your possession, not subject to an Order of Court.

Name _____

Address _____

Relation to deceased _____

Veteran, State War no 571-32-0618

Occupation Nurse (Social Security Number) no

Employer and Address Sonoma State Home

Date of Death Sept 7, 1949 1:30 P.M.
 (Date) (Hour)

Date of Birth Dec 20, 1888
 (Date) (Month) (Year)

Date of Funeral Sept 13, 1949 (Day of Week)
 (Date)

Place at Chapel (Address)

Name of the Deceased Norway

Place of the Deceased Norway

In the State Woodland, Calif. (or U. S. or City or County)

Death Coronary Oc

Death Coronary Oc

Primary Causes Coronary Oc

Physician W. C. McN (or Coroner)

Place of Death Woodland, Calif.

Other Unknown

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

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Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

Name of Mother Pete

by Orchard - G. Thomas Casket Co. (State Color and Number)

april 7 The Times (Names of Newspapers)

april 7 The Times (Names of Newspapers)

april 7 The Times (Names of Newspapers)

april 7 The Times (Names of Newspapers)

april 7 The Times (Names of Newspapers)

april 7 The Times (Names of Newspapers)

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by Orchard - G. Thomas Casket Co. (State Color and Number)

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april 7 The Times (Names of Newspapers)

by Orchard - G. Thomas Casket Co. (State Color and Number)

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by Orchard - G. Thomas Casket Co. (State Color and Number)

april 7 The Times (Names of Newspapers)

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by Orchard - G. Thomas Casket Co. (State Color and Number)

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by Orchard - G. Thomas Casket Co. (State Color and Number)

april 7 The Times (Names of Newspapers)

april 7 The Times (Names of Newspapers)

april 7 The Times

Total No. Yearly No. Date of Entry Sept 11 1949

Name of Deceased Emma A. Small (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence East Napa St. Sonoma ☐ Husband ☐ Wife ☐ Widow Joseph (Age of Husband or Wife (if living)) 75 Years

Charge to Mrs. Bernice Holder or of Years

Address Sonoma, Calif.

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Sept. 11 (Date) 5:55 P.M. (Hour)

Date of Birth June 9, 1856 (Date) (Month) (Day)

Age 93 (Years) (Months) (Days)

Date of Funeral Sept. 14 (Date) Wed (Day of Week) 2 P.M. (Hour)

Services at Chapel

Clergyman Olin Merrill Sonoma (Address)

Religion of the Deceased

Birthplace Sonoma, Calif.

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death 613 Broadway

Cause of Death

Contributory Causes

Certifying Physician A. K. McIsaac M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Julius Pappe

His Birthplace

Maiden Name of Mother Catherine Bohm

Her Birthplace

Motor } Remains to
Ship }

Size of Casket (State Color and Number)

Manufactured by 57

Cemetery } Mt. Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 468

Casket

Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer) 234

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress 1.50 (State Kind and Color) vest 1.00 slip 1.50
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District) 1.00

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot: Cleaning 5.00
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb 5.00
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service Don Kuzle 7.50
Olin Merrill 10.00
line Death Notices in Papers 7.40
(Names of Newspapers) Press Democrat 4.00
Index Tribune 2.56
Sales Tax 7.47
Total Footing of Bill \$ 602.76
Less 24.15 30 days \$ 24.15
Balance \$ 578.61
Entered into Ledger, page or below.

SIZE 6/6 No. 4538 Cov. 433

DESCRIPTION: Sabina of Empire Full lined
Sr B & Bp Fringe on overlay

HANDLES: 652-6x2 Hds

10/12/49 Filed G.R.L.
Copy to Mrs. Bulatti

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

123

Total No. Yearly No. Date of Entry Sept 17 1949

Name of Deceased Linda Ann Stewart
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Eldridge, Calif
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Vincent Stewart

Address: 5148 - 3rd St. S 7

Order given by: himself
 (or informant)

How Secured:

If Veteran, State War

Occupation: none
 (Social Security Number)

Employer and Address

Date of Death: Sept 17, 1949 10:15 a.m.
 (Date) (Hour)

Date of Birth: April 6, 1948

Age:
 (Year) (Months) (Days)

Date of Funeral: Sept 19, Mon 10:00 a.m.
 (Date) (Day of Week) (Hour)

Services at: Isauesides -

Clergyman:
 (Address)

Religion of the Deceased

Birthplace: California

Resided in the State: Life
 (or U. S. or City or County) (Years) (Months)

Place of Death: Sanoma State Home

Cause of Death: Bacillary dysentery

Contributory Causes: Flu

Certifying Physician: Rubie Longnecker M.D.
 (or Coroner)

His Address: Eldridge, Calif

Name of Father: Vincent Stewart

His Birthplace

Maiden Name of Mother: Anna Marie Vasar

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket: 2-6-
 (State Color and Number)

Manufactured by: S 7

Cemetery } Catholic Cemetery, Sanoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 112 50

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

___ Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 1 Grave 1.50 -
 Cremation

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 1.50 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers 5.00
 (Names of Newspapers)

Sales Tax 1.69
 Total Footing of Bill 149.16
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	Sept 17	on acct.	\$ 80.16
	" "	\$	20	" full	\$ 89.00
	" "	\$		"	\$
	" "	\$		"	\$
	" "	\$		"	\$
	" "	\$		"	\$
	" "	\$		"	\$
	" "	\$		"	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 19 19 49

Name of Deceased Marie Rose Bouscal
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Glen Ellen ☐ Husband ☐ Wife ☐ Widow Henri
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Marguerite Garrick

Address Glen Ellen

Order given by Herself (or informant)

How Secured no

If Veteran, State War

Occupation at home (Social Security Number)

Employer and Address

Date of Death Sept 19, 1949 7:10 P.M.
 (Date) (Hour)

Date of Birth June 28, 1863
 (Date)

Age 86 2 21
 (Years) (Months) (Days)

Date of Funeral Sept 22 Thurs 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Francis Church

Clergyman: (Address)

Religion of the Deceased

Birthplace France

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death:

Contributory Causes:

Certifying Physician: (or Coroner)

His Address:

Name of Father Auguste

His Birthplace:

Maiden Name of Mother Rosalie Guebert

Her Birthplace:

Motor } Remains to
 Ship }

Size of Casket 2 C. Orchid (State Color and Number)

Manufactured by Gibbons Basket Co.

Cemetery } Catholic Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 3.50 -
 Casket
 Burial Vault or Box (State Kind) 1.50 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suits or Dress 16.00 24.48 1.60 48
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Electr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Mass 15.00
Examiner 6.24
 (Names of Newspapers) 4.00
Elis. Demont
 Sales Tax 5.70
 Total Footing of Bill \$ 420.94
 Less 181.25 30 days' dress \$ 16.48
 Balance \$ 437.42
181.25
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
BOUSCAL-In Santa Rosa, Calif., Sept. 19, 1949, Marie Rose Bouscal of Glen Ellen, wife of the late Henri Bouscal, dearly beloved mother of Mrs. Marguerite Garrick of Glen Ellen and August Bouscal of San Francisco, a native of France, aged 86 years.			To Balance Forward		
Private funeral services Thursday, Sept. 22, at 9:30 a. m. from the Chapel of Bates & Evans of Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma, Calif. Rosary will be recited Wednesday evening at 8 o'clock.			By Payment		
			" " " " " "		
			" " " " " "		
			" " " " " "		
			" " " " " "		
			" " " " " "		
			" " " " " "		
			" " " " " "		
			" " " " " "		

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

Complete Funeral (except outlays).....	\$	637 -
Casket.....		
Burial Vault or Box.....		15 -
(State Kind)		
Embalming Body.....		
(Name of Embalmer)		
Barber, \$.....		
Hair Dressing, \$.....		
Dressing Body, \$.....		
Underwear, \$.....		
Suit or Dress.....		
(State Kind and Color)		
Slippers, \$.....		
Hose, \$.....		
Folding Chairs, \$.....		
Tarpaulin, \$.....		
Candelabrum, \$.....		
Candles, \$.....		
Door Spray, \$.....		
Gloves, \$.....		
Funeral Car, \$.....		
Ambulance, \$.....		
Limousines to Cemetery.....	@ \$	
Extra Limousines.....	@ \$	
Autos to R. R. Station.....	@ \$	
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....		
(State Number and District)		
___Certif. Copies of Death Certificates No. ___		
(State Physician's or Coroner's)		
Pall Bearer Service, \$....	Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$	
Outlay for Lot.....		

No. _____ Sept 24 1949
RECEIVED OF Bates & Evans.
\$5 12 And one keg - Items Dollars
Belonging to John Bisconi (deceased)
Francisco Bisconi
Brother

Matting, \$	25	-
Safe Vault, \$		
Device, \$		
Organist, \$		
Service, \$		
Charges	75	00
ges.		
<i>Mass</i>	15	00
Papers		
<i>Libune</i>	25	56

10.	01
-----	----

779	57
-----	----

Less 32-60-30 days -	\$ 22 60
----------------------	----------

Balance.....	\$	746	97
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Entered into Ledger, page.....or below.

Diagram of Lot or Vault

Grave No.....
Section No.....
Block No.....
Owner.....

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 19 19 49

Name of Deceased Marie Rose Bouscal

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Glen Ellen ☐ Husband ☐ Wife ☐ Widow Henri or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Marguerite Garrick

Address Glen Ellen

Order given by herself (or informant)

How Secured : no

If Veteran, State War

Occupation at home (Social Security Number)

Employer and Address

Date of Death Sept 19, 1949 7:10 P.M. (Date) (Hour)

Date of Birth June 28, 1863

Age 86 2 21 (Years) (Months) (Days)

Date of Funeral Sept 22 Thurs 7:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis Church

Clergyman : (Address)

Religion of the Deceased

Birthplace France

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Auguste

His Birthplace

Maiden Name of Mother Rosalie Guebert

Her Birthplace

Motor } Remains to
Ship }

Size of Casket 2 C. Orchid (State Color and Number)

Manufactured by Gibbons Basket Co.

Cemetery } Catholic Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 3.50

Casket \$ 1.50

Burial Vault or Box (State Kind) \$ 1.50

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 16.00 24.48 \$ 1.60 48 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$ 17.50

Limousines to Cemetery @ \$ 15

Extra Limousines @ \$ 190

Autos to R. R. Station @ \$ 3

Getting Remains from : \$ 5.70

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total \$

Outlay \$

Cremation \$

Flower \$

Rental \$

Opening \$

Lining \$

Outlay \$

Clergy \$

Railroad or Motor \$

Telegraph \$

Cash \$

Out of Pocket \$

Personal \$

Sales Tax \$ 5.70

Total Footing of Bill \$ 420.94

Less 181.25 30 days' dress \$ 16.48

Balance \$ 437.42

Entered into Ledger, page or below. 181.25 25

Date	Amount Paid	Balance	Date	Amount Paid	Balance
BOUSCAL—In Santa Rosa, Calif., Sept. 19, 1949. Marie Rose Bouscal of Glen Ellen, wife of the late Henri Bouscal, dearly beloved mother of Mrs. Marguerite Garrick of Glen Ellen and August Bouscal of San Francisco, a native of France, aged 86 years.			To Balance Forward		
Private funeral services Thursday, Sept. 22, at 9:30 a. m. from the Chapel of Bates & Evans of Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment, Catholic Cemetery, Sonoma, Calif. Rosary will be recited Wednesday evening at 8 o'clock.			By Payment		
			" " " full	419.17	
			" " "		
			" " "		
			" " "		
			" " "		
			" " "		
			" " "		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

125

Total No. Yearly No. Date of Entry Sept 22 1949

Name of Deceased John Biscone Biscione W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Riverside & Oak Sts. El Verano ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Francisco Biscone

Address: Above

Order given by: (or informant)

How Secured:

If Veteran, State War no

Occupation Labarer no
 (Social Security Number)

Employer and Address

Date of Death Sept 22, 1949 1:25 PM
 (Date) (Hour)

Date of Birth April 6, 1887
 (Date)

Age 62
 (Year) (Month) (Days)

Date of Funeral Sept 24 Sat 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Physician C. B. Andrews M.D.
 (or Coroner)

ess: Sanoma, Calif.

Father Emil Biscone

place

Name of Mother Mary Bertolucci

hplace

remains to

Casket Eucalyptus
 (State Color and Number)

ctured by Hollywood
Catholic Cemetery Sanoma

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 637 -

Casket

Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 31850

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 33350

Door Spray, \$ Gloves, \$ 3

Funeral Car, \$ Ambulance, \$ 100050

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

_____ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 25 -

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced: Flowers 75 00

Out of town Undertaker's Charges

Personal Service Mass 15 00

..... line Death Notices in Papers

Index Tribune 2 56
 (Names of Newspapers)

Sales Tax 10 01

Total Footing of Bill \$ 779 57

Less 32.60 - 30 days \$ 746 97

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
Statement Oct 10-49	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 22 19 49

Name of Deceased Marion Joseph Miekie
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) _____

Residence: 3 st. West Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Edward G. Miekie or of } Age of Husband or Wife (if living) Years

Address: above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address

Date of Death Sept 22, 1949 10:20 P.M.
 (Date) (Hour)

Date of Birth Sept 22
 (Date)

Age 13 yrs
 (Years) (Months) (Days)

Date of Funeral Sept 24 Sat. 3 P.M.
 (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Sonoma

Resided in the State Calif
 (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews, M.D.
 (or Coroner)

His Address Sonoma, Calif

Name of Father Edward G. Miekie

His Birthplace

Maiden Name of Mother Emma Rouque

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 2/0 White Lamb
 (State Color and Number)

Manufactured by S. F.

Cemetery } Catholic Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 2.00

Casket \$

Burial Vault or Box \$ 5.00
 (State Kind)

Embalming Body \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$

Outlay for Lot: 1 Grave \$ 15.00

Cremation \$

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 12.50

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service \$

..... line Death Notices in Papers
 (Names of Newspapers) \$ 5.00

Sales Tax \$ 45

Total Footing of Bill \$ 57.95

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$ <u>5.00</u>
	By Payment	\$		By Payment	\$ <u>5.00</u>
<u>Nov 28, 1949</u>	<u>" Statement</u>	\$	<u>April 15, 1950</u>	<u>"</u>	\$ <u>5.00</u>
<u>Jan 13, 1950</u>	<u>" Letter</u>	\$	<u>May 9, 1950</u>	<u>"</u>	\$ <u>5.00</u>
<u>Jan 18</u>	<u>" Came in & agreed to pay</u>	\$	<u>"</u>	<u>"</u>	\$ <u>5.00</u>
<u>3/8/51</u>	<u>" Statement</u>	\$	<u>July 20, 1950</u>	<u>"</u>	\$ <u>5.00</u>
		\$	<u>Sept 9, 1950</u>	<u>"</u>	\$ <u>5.00</u>
		\$	<u>Oct 17, 1950</u>	<u>"</u>	\$ <u>5.00</u>
		\$	<u>Nov 21, 1950</u>	<u>"</u>	\$ <u>5.00</u>
		\$	<u>Dec 20, 1950</u>	<u>"</u>	\$ <u>5.00</u>

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Sept 11, 1951 Address

RECORD OF FUNERAL

127

Total No. Yearly No. Date of Entry Sept 26 19 49

Name of Deceased Allison Mathew Marshall
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 1121 Solano Ave Napa ☐ Husband ☐ Wife ☐ Widow Frances Jane
 or of Age of Husband or Wife (if living) Years

Charge to: H. F. Marshall

Address: 214 Ab Walla Walla
N. Colville St Wash.

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Farmer (Social Security Number)

Employer and Address

Date of Death Sept 26, 1949 4:18 P.
 (Date) (Hour)

Date of Birth June 14, 1865

Age 84 (Years) (Months) (Days)

Date of Funeral Removal (Date) (Day of Week) (Hour) M.

Services at: Haskell, Oklahoma

Clergyman: (Address)

Religion of the Deceased

Birthplace Texas

Resided in the State 4 mo (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address:

Name of Father Marshall

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Haskell, Oklahoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 323 -

Casket
 Burial Vault or Box Extra for Shipping 10 -
 (State Kind) Day

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ o/s

Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges 71.99
 Personal Service Fares to Muskogee 75.32
(Flying Tiger) Oklahoma
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Out of State
 Total Footing of Bill \$ 404.99
 Less Courtesy disc \$ 48.45
 Balance \$ 356.54

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>Sept 27 49</u>	By Payment	\$ <u>250.00</u>
	" "	\$	<u>Oct 15 49</u>	" "	\$ <u>106.54</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

129

Total No. Yearly No. Date of Entry Sept 18 1949.

Name of Deceased Barbara Jean Allen W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Honolulu ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Jack Allen

Address: Sanoma

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address Child

Date of Death Sept 18, 1949 (Date) (Hour)

Date of Birth (Years) (Months) (Days)

Age 7

Date of Funeral Sept 30 - Fri 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Honolulu

Cause of Death Brain Tumor

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Jack Allen

His Birthplace

Maiden Name of Mother Katie Benedetti

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by U.S.N.

Cemetery } Catholic Cemetery Sanoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$
 Casket Chapel 25 -
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station to Cc 25 -
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to marker 2.50
 Deliver Flowers to
 Removal Charges from \$4 25 -
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot one marker 20 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 20 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15 -
Sealing Box 5.00
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax on marker 15
 Total Footing of Bill \$ 137.65
 Less \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	<u>Dec. 21, 49</u> <u>Jack Allen</u>	<u>80</u>	\$
" "	\$	\$	<u>Mar. 16, 50</u> <u>" " "</u>	<u>57.65</u>	\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry October 1 1949

Name of Deceased Gara E. Walker
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 1587-38th Ave S7
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: L. E. Heath

Address: Above

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Oct 1, 1949 3:30 P. (Date) (Hour)

Date of Birth Jan 5, 1874 (Date) (Month) (Day)

Age 75 (Years) (Months) (Days)

Date of Funeral Oct 4, Tue 2 P. (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Clin. Merrill (Address)

Religion of the Deceased

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1587-38th Ave

Cause of Death Chr. Myocarditis

Contributory Causes Arteriosclerosis

Certifying Physician Joseph J. M. D.
R. M. Schlesinger (or Coroner)

His Address 2380 Sutter St. S7

Name of Father Chas W. Walker

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to Broughin Halsteads S7

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Mt. Cemetery, Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) Chapel \$ 25 -

Casket \$

Burial Vault or Box (State Kind) \$ 20 -

Embalming Body Dease & Greens (Name of Embalmer) \$ 5.00

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$ 3.50

Funeral Car, \$ Ambulance, \$ 2.00

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from Dease \$

Taking Remains to Cemetery \$ 15 -

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges \$

Procuring Burial Permit (State Number and District) \$ 4 -

—Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 6.8 -

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Merrill \$ 10 -

Dease \$ 7.50

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax Blouses marked \$ 18.8

Total Footing of Bill \$ 76.8

Less \$ 158.86

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance .....	\$ .....	.....	To Balance Forward	\$
.....	By Payment .....	\$ .....	.....	By Payment	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

131

Total No. Yearly No. Date of Entry Oct. 6 19 49
Name of Deceased Francis J. Murphy
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
Residence: 246 West Napa St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Mary J.
Charge to: Mary J. Murphy or of } Age of Husband or Wife (if living) Years
Address: Aband
Order given by (or informant)
How Secured
If Veteran, State War No. 531-05-3307
Occupation Retired Telephone Supervisor (Social Security Number)
Employer and Address
Date of Death Sept 6, 1949 4 P. (Date) (Hour)
Date of Birth March 23, 1885
Age 64 (Years) 1 (Months) 0 (Days)

Complete Funeral (except outlays) \$ 383 -
Casket
Burial Vault or Box 15
Embalming Body (Name of Embalmer)
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress Suit 250 24.08 2.58
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
191.50
15
506.50
619.50

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8327

RECEIVED FROM M

Crematorium Services
Memorial Section
--including endowment
Urn
Flower Service
{ Rental }
{ Care } fro

Credits
Received One
Check No. 90-6

703
Oct 10 1949
Received of Bates + Evans
Two Dollars
29c Death - Francis J. Murphy - 4955-588
Emil P. Kuschwitz - 4955-587
\$ 2.00
L Campbell
Sonoma County Health Department

194.9

2500

120

2620

620

17.50

Manufactured by Sutter Casket Co. (State Color and Number)
Cemetery } Chapel of the Chimes
Crematory } Mausoleum
Lot No.
Grave No.
Section No.
Block No.
Owner

...line Death Notices in Papers
Pennacost
(Names of Newspapers)
Index Tribune
3 c/c
Sales Tax
Total Footing of Bill \$ 423.84
Less \$ 199.00
Balance \$ 403.84
Entered into Chapel of the Chimes 1026 20

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$		To Balance Forward	\$
By Payment	\$	\$		By Payment	\$
" "	\$	\$		" "	\$
" "	\$	\$	<u>Oct 20</u>	" <u>Inf all</u>	<u>1431.04</u>
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$

Insurance \$ Names of Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Witness Signed
Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry October 1 1949

Name of Deceased Gara E. Walker (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1587-38th Ave S7 ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: L. E. Heath

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation at home no (Social Security Number)

Employer and Address

Date of Death Oct 1, 1949 3:30 (Date) (Hour)

Date of Birth Jan 5, 1874 (Years) (Months) (Days)

Age 75 (Years) (Months) (Days)

Date of Funeral Oct 4 Tue 2 P. (Date) (Day of Week) (Hour) M.

Services at Chapel

Clergyman Rev. Clin Jerrill (Address)

Religion of the Deceased

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 1587-38th Ave

Cause of Death Chr. Myocarditis

Contributory Causes Arteriosclerosis

Certifying Physician Joseph T. M. D. (or Coroner)

His Address 2380 Sutter St. S7

Name of Father Chas W Walker

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to Broughton Halsteads S7

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Mt. Cemetery Panama

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) Chapel \$ 25

Casket

Burial Vault or Box State Kind \$ 20

Embalming Body Deane & Sons (Name of Embalmer) \$ 5.00

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to Cemetery \$ 15

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District) \$ 4

—Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 68

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Jerrill \$ 10.50

line Death Notices in Papers

(Names of Newspapers)

Sales Tax Blouses marked \$ 1.86

Total Footing of Bill \$ 158.86

Less \$ 158.86

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

131

Total No. Yearly No. Date of Entry Oct. 6 19 49

Name of Deceased Francis J. Murphy
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: 246 West Napa St. Sonoma ☐ Husband ☐ Wife ☐ Widow Mary G.
 or of Age of Husband or Wife (if living) Years

Charge to: Mary G. Murphy

Address: above

Order given by (or informant)

How Secured

If Veteran, State War No. 531-05-3307

Occupation Retired Telephone Supervisor (Social Security Number)

Employer and Address

Date of Death Sept. 6, 1949 (Date) 4 P. (Hour)

Date of Birth March 23, 1885

Age 64 (Years) 1 (Months) 0 (Days)

Complete Funeral (except outlays) \$ 283 -

Casket 15 -

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Suit 250 Sack 08 258 -

(State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$ 191.50
 Candelabrum, \$ Candles, \$ 15
 Door Spray, \$ Gloves, \$ 206.50
 Funeral Car, \$ Ambulance, \$ 3
 Limousines to Cemetery @ \$ 619.50

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8327

RECEIVED FROM M Bates & Evans Santa Rosa, California Nov. 2 194 9
Sonoma Calif.

Grematorium Services For Re: Francis Joseph Murphy
 Memorial Section Garden Maus. Tier No. 1 No. 2 10X500
 --including endowment fund deposit--

Urn Chest Sales Tax 1.20 1.20

Flower Service { Twice } Each Week, from to
 { Rental } { Care } from to Engraving Permit

Total 1076.20

Credits

Received One thousand twenty six and 2/100 Dollars 1076.20

Check No. 90-667-953 Record No. 3706 Present Balance
 CALIFORNIA CREMATORIUM Per 6.67000

Manufactured by Lutter, Casper & Co. (State Color and Number) 1

Cemetery } Chapel of the Chimes
 Crematory } Mausoleum

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

...line Death Notices in Papers
Democrat 4.00
 (Names of Newspapers) Index Tribune 2.56
3 c/c 3.00
 Sales Tax 6.20

Total Footing of Bill \$ 423.84
 Less \$ 199.00
 Balance \$ 403.84
 Entered into Chapel of the Chimes 1026.20

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$		To Balance Forward	\$
By Payment	\$	\$		By Payment	\$
" "	\$	\$		" "	\$
" "	\$	\$	<u>Oct 20</u>	" <u>Inf all</u> <u>1431.04</u>	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry October 1 1949

Name of Deceased Gara E. Walker (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1587-38th Ave 57 or of } Age of Husband or Wife (if living) Years

Charge to: L.E. Huatt

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Oct 1, 1949 (Date) 3:30 P. (Hour)

Date of Birth Jan 5, 1874 (Date) (Month) (Days)

Age 75 (Years) (Months) (Days)

Date of Funeral Oct 4 (Date) Tue (Day of Week) 2 P. (Time)

Services at Chapel

Clergyman Rev. Olin Smith

Religion of the Deceased

Birthplace New York

Resided in the State (or U. S. or City or County)

Place of Death 1587-38th Ave

Cause of Death Chr. Myocard

Contributory Causes Arteriosclerosis

Certifying Physician Joseph J. M. Schlo (or Coroner)

His Address 2380 Sutter St.

Name of Father Chas W. Walker

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to Halsteads

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Mt. Cemetery, Sonoma

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) Chapel \$ 25 -

Casket

Burial Vault or Box (State Kind) 20 -

Embalming Body Deane & Green (Name of Embalmer) \$ 5.00

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 3.50

Door Spray, \$ Gloves, \$ 2.50

Funeral Car, \$ Ambulance, \$ 2.50

Limousines to Cemetery @ \$

Extra Limousines @ \$

Time Death Notices in Papers (Names of Newspapers)

Sales Tax Blount's Market \$ 1.86

Total Footing of Bill \$ 158.86

Less \$ 1.86

Balance \$

Entered into Ledger, page or below.

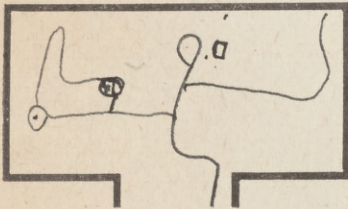


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

131

Total No. Yearly No. Date of Entry Oct. 6 19 49

Name of Deceased Francis J. Murphy
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: 240 West Napa St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Mary Is.
 or of } Age of Husband or Wife (if living) Years

Charge to: Mary Is. Murphy

Address: aband

Order given by (or informant)

How Secured

If Veteran, State War No 531-05-3307

Occupation Retired Telephone Supervisor
 (Social Security Number)

Employer and Address

Date of Death Sept 6, 1949 4 P.
 (Date) (Hour)

Date of Birth March 23, 1885

Age 64
 (Years) (Months) (Days)

of Funeral Oct 8, Sat 3:30 P.M.
 (Date) (Day of Week) (Hour)

ces at Chapel

yman Eagles Lodge # 2686 Sonoma
 (Address)

ion of the Deceased

place S. F. Calif.

ed in the State 10 years
 (or U. S. or City or County) (Years) (Months)

of Death Home

e of Death Coronary Occlusion

tributory Causes Chr. Residual Myocarditis
compensation

ying Physician Michael M. Mcketa M.D.
 (or Coroner)

address Bayes Springs Calif

e of Father John Murphy

irthplace

en Name of Mother Mary Casey

Birthplace

Remains to

of Casket Laupe
 (State Color and Number)

Manufactured by Lutter's Casket Co.

Cemetery } Chapel of the Chimes
 Crematory } Maunakum

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 383 -
Casket	15 -
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress <u>Suit 250 1st 08</u> (State Kind and Color)	258
Slippers, \$	
Hose, \$	
Folding Chairs, \$	191.50
Tarpaulin, \$	15 -
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service <u>Dan Ruggles</u>	17.50
<u>maunakum - Chapel of the Chimes</u>	
line Death Notices in <u>Democrat</u> Papers	4.00
<u>maunakum</u>	
<u>3 c/c</u>	3.56
	3.00
	20
Sales Tax	
Total Footing of Bill	\$ 423.84
Less	\$ 19.90
Balance	\$ 403.84
Entered into <u>Chapel of the Chimes</u>	1026 20

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$		To Balance Forward	
By Payment	\$	\$		By Payment	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$

Insurance \$

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

133

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry..... Oct 6 1949

Name of Deceased Emil P. Kruschwitz (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Cherry & Olive Sts. Boyes Springs, Cal. ☐ Husband ☐ Wife ☐ Widow } Rosa Age of Husband or Wife (if living) Years

Charge to Mrs. Rosa Kruschwitz -

Address W. Mrs. Freda Hagen Boyes Springs

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Resort Owner (Social Security Number)

Employer and Address

Date of Death Oct 6, 1949 (Date) 6:10 P.M. (Hour)

Date of Birth August 25, 1872

Age 77 (Years) (Months) (Days)

Date of Funeral Oct 8 (Date) Sat (Day of Week) 2 P.M. (Hour)

Services at Chapel -

Clergyman Druids - Rev. Jerrill (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Carcinoma of rectum

Contributory Causes

.....

Certifying Physician Michael M. Mikuta M.D. (or Coroner)

His Address Boyes Springs, Calif.

Name of Father

His Birthplace

Maiden Name of Mother

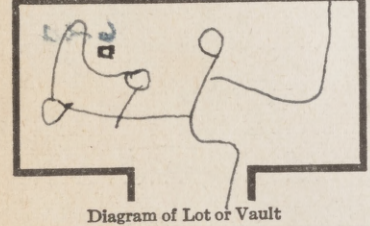
Her Birthplace

Motor } Remains to
Ship }

Size of Casket 19x9 - metal cloth (State Color and Number)

Manufactured by: S. J.

Cemetery } Mt. Cemetery, Panama
Crematory }

Diagram of Lot or Vault  Lot No.
Grave No.
Section No.
Block No.
Owner

Date Amount Paid Balance
Cov. 87

SIZE 6/6 No. 1909- H.P.

DESCRIPTION: Sabina Panel & Pillow
Lined Virginia Cr Velvet Full li
Geeshell or B & Bp

HANDLES: 7300-6x2-3pt & Nt 4ds & Corners

Statement Oct 7 \$ 49
" " \$
" " \$
" " \$

Insurance \$ Names of Insurance Companies
Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
Address

133

[illegible]

.....

RECORD OF FUNERAL

 Total No. Yearly No. Date of Entry..... Oct 6 1949

 Name of Deceased Carroll P. Kruschwitz
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

 Residence Cherry + Olive Sts Boyes Springs Cal
☐ Husband ☐ Wife ☐ Widow } Rosa
 or of } Age of Husband or Wife (if living) Years

 Charge to Mrs. Rosa Kruschwitz
 Address W. Mrs. Freda Hagan Boyes Springs

 Order given by
 (or informant)

How Secured

 If Veteran, State War no

 Occupation Resort Owner
 (Social Security Number)

Employer and Address

 Date of Death Oct 6, 1949
 (Date) (Hour)

 Date of Birth August 25, 1872
 (Date) (Month) (Day)

 Age 77
 (Years) (Months) (Days)

 Date of Funeral Oct 8 - Sat
 (Date) (Day of Week) (Hour)

 Services at Chapel

 Clergyman Druids - Rev. Jerrill
 (Address)

Religion of the Deceased

 Birthplace Germany

 Resided in the State
 (or U. S. or City or County) (Years) (Months)

 Place of Death Home

 Cause of Death Carcinoma of rectum

Contributory Causes

 Certifying Physician Michael M. Mikuta M.D.
 (or Coroner)

 His Address Boyes Springs, Calif

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

 Motor } Remains to
 Ship }

 Size of Casket 1909 - metal cloth
 (State Color and Number)

Manufactured by

 Cemetery } Mt. Cemetery, Panama
 Crematory }

 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

 Date Amount Paid Balance
 SIZE 6/6 No. 1909- H.P. COV. 87

 DESCRIPTION: Sabina Panel & Pillow
Lined Virginia Cr Velvet Full li
Geeshell or B & Bp

 HANDLES: 7300-6x2-apt & Nt 4dls & Corners

 Statement Oct 7
49

 Insurance \$
 Names of Insurance Companies

 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

 Signed
 Address

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

133

16/49 *Statement* Names of Insurance
Insurance \$..... Lodges..... Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....
Witness..... Address.....
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry October 27 19 49

Name of Deceased Ann Elizabeth Markert (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 4th West & Church Sts. ☐ Husband ☐ Wife ☐ Widow }
or of } Age of Husband or Wife (if living) Years

Charge to: Charley Gregory

Address: Aqua Caliente

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Oct. 27, 1949 6 P.M. (Date) (Hour)

Date of Birth Feb. 23, 1874

Age 75 (Years) (Months) (Days)

Date of Funeral Oct. 31, Mon. 9:15 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Wayne Price M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Bruce Bremner

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Grey, 2 coats (State Color and Number)

Manufactured by S. 7

Cemetery } Catholic Cem. Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 308.00

Casket \$ 15.00

Burial Vault or Box (State Kind) \$ 15.00

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ \$ 1.50

Dressing Body, \$ Underwear, \$ \$ 1.50

Suit or Dress (State Kind and Color) \$ 16.90

Slippers, \$ Hose, \$ \$ 3.00

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$ 50.00

Outlay for Lot 2 Graves \$ 25.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 25.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service \$ 15.00

..... Mass \$ 2.58

..... line Death Notices in Papers \$ 462.50

..... Index \$ 2.58

..... Wordland \$ 462.50

Sales Tax \$ 420.20

Total Footing of Bill \$ 16.15

Less \$ 404.05

Balance \$ 404.05

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Casket No.			To Balance Forward		
Size <u>3389</u>			By Payment		
<u>6/8</u>			<u>Oct. 29</u> <u>In full</u>	<u>404.05</u>	
Covering <u>378</u>			" "		
			" "		
Description <u>Stephen of Sunray</u>			" "		
<u>M & B</u>			" "		
<u>2756-3x0-4618</u>			" "		

Insurance \$..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed Address

135

137

Ray Grinstead

15 August 1951

Vernon Silverthorn
Public Administrator

Jack E. Millington

PACIFIC COAST BRANCH
610 - 16th St.
OAKLAND 12, CALIF.
Tel: Higate 4-3870

Burny ashes in
Taylor plot.

Schumaker Marsh Louvibos

Batto vault

Permit	4500	500
		258
Dollars	4500	
Balance		485
PM	7.00	380
		16
		15
		364
		28

e	Date		Amount Paid	Balance
		To Balance Forward	\$	
		By Payment	\$	
		" "	\$	
	Dec 19	" In full	\$ 364.28	
		" "	\$	
		" "	\$	
		" "	\$	
		" "	\$	
		" "	\$	

Insurance
.....Companies.....

sufficient resources Legally available to
(Firm Name of Funeral Directors.)
by the same within.....days from date. Interest to accrue from

Signed.....

Address.....

FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry 19

Name of Deceased (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to:

Address

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death (Date) (Hour)

Date of Birth (Years) (Months) (Days)

Age

Date of Funeral (Date) (Day of Week) (Hour) M.

Services at:

Complete Funeral (except outlays) \$

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

anta Rosa 6-R
ox 524




Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

Nº 8328

FROM M	Baker & Evans	Santa Rosa, California	Nov. 2	1949
Funeral Services For	Paul C. Loveland			45.00
Section				
Endowment fund deposit--		Tier	No.	
	Chest		Sales Tax	
vice {	Twice {			
Once }	Each Week, from	to		
}	from	to	Engraving	Permit ✓ 50
			Total	45.50
Forty-five and 50/100				Dollars 45.50
0-667-251				Record No. 3726
CALIFORNIA CREMATORIUM				Present Balance Per 6.6.70ms

 <p>Diagram of Lot or Vault</p>	Lot No.	228	228
	Grave No.	Sales Tax	1 32
	Section No.	Burial Fee 25.00	559 15
	Block No.	Total Footing of Bill	29 75
	Owner	Less 24.40- 20 days	586 90
		Balance	24. 40
Entered into Ledger, page.....or below.			

Date	Amount Paid	Balance	Date
DATE 10/12/49 Filed with [Signature]	[Blank]	[Blank]	[Blank]
SIZE 6/6 NO. 1909 HP COV. 87	[Blank]	[Blank]	[Blank]
DESCRIPTION: Sabina panel & Pillow full lined Bianca Cream velvet, eggshell SRB&BP	[Blank]	[Blank]	[Blank]
HANDLES: 7300-6x2 Spt & Nt. Handles & Corners	[Blank]	[Blank]	[Blank]
To Balance Forward	\$	\$	
By Payment	\$	\$	
" " In full	\$ 562. ⁵⁰	\$	
" " Dec 5	\$	\$	
" " Jan 18	\$ 1.00	\$	
124 ^{ts} Towel and	\$ payment	\$.00	

21/ Statement
 Insurance \$ Names of
 Lodges Insurance
 Companies for One 150
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

137

Total No. Yearly No. Date of Entry Nov 2 1949
 Name of Deceased Charles R Taylor
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Sonoma, Calif ☐ Husband ☐ Wife ☐ Widow
 Charge to: Mrs. Hilda C. Marum
 Address: San Del (Bayes Springs)
 Order given by: herself (or informant)
 How Secured:

Complete Funeral (except outlays) \$ 323
 Casket
 Burial Vault or Box
 Embalming Body
 (State Kind)
 (Name of Embalmer)

Ray Grinstead

Attorney at Law
 Sonoma, California
 Telephone 2694

15 August 1951

Bates & Evans
 Sonoma
 California

Attention: Mr. Ernie Evans

Dear Mr. Evans:

This will be your authority to deposit the ashes
 of CHARLES TAYLOR which you now hold in the grave of his father
 in Mountain Cemetery in Sonoma.

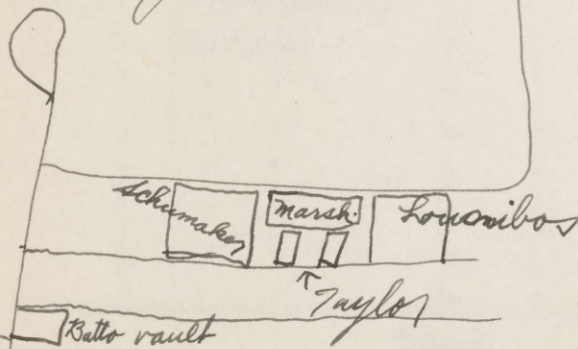
Vernon A. Newschield
 Public Administrator

Personal notes,
 Nail clip
 5¢ in coin

Jack E. Millington

THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO
 PACIFIC COAST BRANCH
 HOME ADDRESS 610 - 16th St.
 1750 - 11th Street OAKLAND 12, CALIF.
 LOS ALAMOS, NEW MEXICO Tel: Higate 4-3870

Bury ashes in
 Taylor plot



Permit		
	45.00	5.00
		3.58
Dollars	45.00	
Balance		4.85
PM	7.00	38.043
		16.15
Balance	\$	36.428
ge. or below.		

Date	Amount Paid	Balance
	To Balance Forward	\$
	By Payment	\$
Dec 19	" 2nd full	\$ 36.428
	" "	\$
	" "	\$
	" "	\$
	" "	\$
	" "	\$

Insurance
 Companies

sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 by the same within days from date. Interest to accrue from

Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry ... Oct ... 31 ... 1949

Name of Deceased ... Paul C. & Ka Paul Claire Loveland W. ...
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: ... St. 2 Box 254 Sonoma ...
☐ Husband ☐ Wife ☐ Widow } Father-in-law
or ... of } Age of Husband or Wife (if living) ... Years

Charge to: ... Catherine D. Loveland

Address: ... above -

Order given by: ...
(or informant)

How Secured: ...

If Veteran, State War ... Spanish American

Occupation ... Barber ... 564-30,8394
(Social Security Number)

Employer and Address

Date of Death ... Oct 31, 1949 ... 6:45 a.m.
(Date) (Hour)

Date of Birth ... Jan. 18, 1879
(Date)

Age ... 70 ... 9 ... 23
(Years) (Months) (Days)

Date of Funeral ... M.
(Date) (Day of Week) (Hour)

Services at: ...

Complete Funeral (except outlays) ... \$ 488	
Casket	
Burial Vault or Box	
Embalming Body (State Kind)	
(Name of Embalmer)	
Barber, \$... Hair Dressing, \$... 2.44	
Dressing Body, \$... Underwear, \$... 3	
Suit or Dress (State Kind and Color)	7.32
Slippers, \$... Hose, \$...	
Folding Chairs, \$... Tarpaulin, \$...	
Candelabrum, \$... Candles, \$...	
Door Spray, \$... Gloves, \$...	
Funeral Car, \$... Ambulance, \$...	
Limousines to Cemetery ... @ \$...	
Extra Limousines ... @ \$...	
Autos to R. R. Station ... @ \$...	
Getting Remains from	

Deceased.....
 Rockford, Illinois.....
 State.....
 (or U. S. or City or County) (Years) (Months)
 th.....

Complete Funeral (except outlays)	\$ 488
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
— Certif. Copies of Death Certificates	No.
Bell Ringer Service, \$	Use of Chapel, \$

October 31 1949
 LIVED OF ~~xxxxxxx~~ Bates & Evans
 large papers, Paul C. Loveland (deceased) Dollars

Black D. Goulson

Chapel Lake
Golden Gate National (ashes.)

Lot No.
Grave No.
Section No.
Block No.
Owner.

Sales Tax		\$	7	32
Burial Wm 25 th Sep. 2 ^d 20 75		\$	557	15
Total Footing of Bill		\$	29	73
Less 24.40- 30 days		\$	586	90
Balance		\$	24	40
Entered into Ledger, page or below.				

Entered into Ledger, page.....or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
DATE 10/12/49 Filed with Isom's ment -					
SIZE 6/6	No. 1909 HP	Cov. 87	To Balance Forward		\$
DESCRIPTION: Sabina panel & Pillow full lined Bianca Cream velvet, eggshell SRB&BP			By Payment	\$	\$
HANDLES: 7300-6x2 Spt & Nt. Handles & Corners			" " "	\$	\$
			" In full	\$ 562.50	\$
			" " "	\$	\$
			" Isom's ment	\$ 1.00	\$
			" Jan 18	\$	\$
			" 124 " to Loueland	\$	\$
			" Isom's ment	\$	\$
					\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Address.....

RECORD OF FUNERAL

137

Total No. Yearly No. Date of Entry Nov 2 19 49
 Name of Deceased Charles R Taylor
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W
 Residence: Sonoma, Calif ☐ Husband ☐ Wife ☐ Widow
 Charge to: Mrs. Hilda C. Mahan or of Age of Husband or Wife (if living) Years
 Address: Gen Del. (Bayes Springs)
 Order given by: Herself (or informant)
 How Secured:

Complete Funeral (except outlays) \$ 323
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 16150
 30

Ray Grinstead
 Attorney at Law
 Sonoma, California
 Telephone 2694
 15 August 1951

Bates & Evans
 Sonoma
 California

Attention: Mr. Ernie Evans

Dear Mr. Evans:

This will be your authority to deposit the ashes of CHARLES TAYLOR which you now hold in the grave of his father in Mountain Cemetery in Sonoma.

Vernon Newschield
 Public Administrator

Personal notes,
 Nail clip
 5¢ in coin

Jack E. Millington
 THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO
 PACIFIC COAST BRANCH
 HOME ADDRESS 610 - 16th St.
 1750 - 11th Street OAKLAND 12, CALIF.
 LOS ALAMOS, NEW MEXICO Tel: Higate 4-3870

Bury ashes in
 Taylor plot

Schumaker Marsh Ligonibos
 Taylor
 Bates vault

Permit	4500	500
Dollars	4500	258
Balance		485
PM	7200	38043
		1615
Balance	\$ 36428	28
ge. or below.		

Date	Amount Paid	Balance
	To Balance Forward	\$
	By Payment	\$
Dec 19	" 2d full	\$ 36428
	" "	\$
	" "	\$
	" "	\$
	" "	\$
	" "	\$

Insurance Companies
 sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 by the same within days from date. Interest to accrue from
 Signed
 Address
 FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry		Oct 31 1949	
Name of Deceased		Paul C. GKA Paul Claude Loveland W.					
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				(What Race)			
Residence: ...		Rt. 2 Box 254 Sonoma		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow } Catherine			
Charge to: ...		Catherine S. Loveland		Age of Husband or Wife (if living) ... Years			
Address: ...		above -					
Order given by: ...		(or informant)					
How Secured: ...							
If Veteran, State War ...		Spanish American					
Occupation: ...		Barber		Social Security Number		564-30-8394	
Employer and Address							
Date of Death: ...		Oct. 31, 1949		6:45 A.M.			
Date of Birth: ...		Jan. 18, 1879					
Age: ...		70		9		23	
Date of Funeral: ...							
Services at: ...							
Deceased		Lickford, Illinois					
State		(or U.S. or City or County)		(Years)		(Months)	
Home							
Causes							
Physician		Michael M. Smith		(or Coroner)			
Harvey Loveland							
Mother		Adelaide Narciso					
ins to							
et							
by		Chapel of the Holy Spirit		Golden Gate National (ashes)			
Diagram of Lot or Vault							
Lot No.							
Grave No.							
Section No.							
Block No.							
Owner							
Complete Funeral (except outlays)		\$ 488					
Casket							
Burial Vault or Box							
Embalming Body							
Barber, \$		Hair Dressing, \$					
Dressing Body, \$		Underwear, \$					
Suit or Dress							
Slippers, \$		Hose, \$					
Folding Chairs, \$		Tarpaulin, \$					
Candelabrum, \$		Candles, \$					
Door Spray, \$		Gloves, \$					
Funeral Car, \$		Ambulance, \$					
Limousines to Cemetery @ \$							
Extra Limousines @ \$							
Autos to R. R. Station @ \$							
Getting Remains from							
Taking Remains to							
Trip to Coroner's Inquest							
Delivering Box to							
Deliver Flowers to							
Removal Charges							
Procuring Burial Permit							
Certif. Copies of Death Certificates No.							
Pall Bearer Service, \$		Use of Chapel, \$					
Gross Total for Sales Tax		\$					
Outlay for Lot							
Cremation							
Flowers, \$		Palms, \$		Matting, \$			
Rental of Tent, \$		of Temporary Vault, \$					
Opening of Grave or Tomb							
Lining Grave, \$		Lowering Device, \$					
Outlay for Shipping Charges							
Clergyman, \$		Singers, \$		Organist, \$			
Railroad or Motor Tickets, \$		Aero-plane Service, \$					
Telegr., Phone, Cable or Radio Charges							
Cash Advanced							
Out of town Undertaker's Charges							
Personal Service							
line Death Notices in		Papers					
Sales Tax							
Total Footing of Bill		\$ 559.15					
Less		24.40		30 days			
Balance		\$ 586.90					
Entered into Ledger, page		or below					
DATE 10/12/49		Amount Paid		Balance			
FILED WITH		Balance		\$			
SIZE 6/6		NO. 1909 HP		COV. 87			
DESCRIPTION:		Sabina panel & Pillow full lined Bianca Cream velvet, eggshell SRB&BP					
HANDLES:		7300-6x2 Spt & Nt. Handles & Corners					
Insurance \$		Names of Lodges					
I hereby							

RECORD OF FUNERAL

137

Total No..... Yearly No..... Date of Entry..... Nov 2 19 49
 Name of Deceased..... Charles R Taylor.....
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence:..... Sonoma, Calif.....
 Charge to:..... Mrs. Hilda C. Mahan.....
 Address:..... Gen. Del. (Bayes Springs).....
 Order given by..... Herself.....
 How Secured:.....
 Complete Funeral (except outlays)..... \$ 323.....
 Casket.....
 Burial Vault or Box.....
 Embalming Body.....
 (Name of Embalmer)

Ray Grinstead
 Attorney at Law
 Sonoma, California
 Telephone 2694
 15 August 1951

Bates & Evans
 Sonoma
 California

Attention: Mr. Ernie Evans

Dear Mr. Evans:

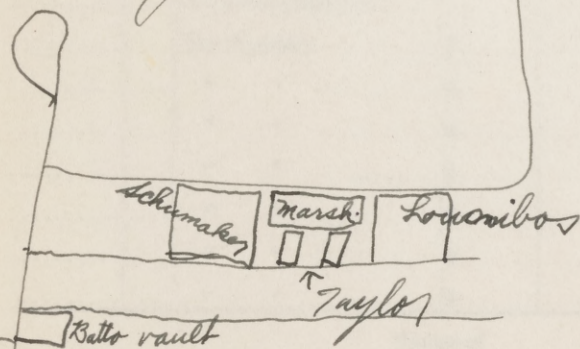
This will be your authority to deposit the ashes of CHARLES TAYLOR which you now hold in the grave of his father in Mountain Cemetery in Sonoma.

Vernon Hershfield
 Public Administrator

Personal notes,
 Nail clip
 5¢ in coin

Jack E. Millington
 THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO
 PACIFIC COAST BRANCH
 HOME ADDRESS 610 - 16th St.
 1750 - 11th Street OAKLAND 12, CALIF.
 LOS ALAMOS, NEW MEXICO Tel: Higate 4-3870

*Bury ashes in
 Taylor plot*



Permit	45.00	5.00
Dollars	45.00	2.58
Balance		4.85
Balance	38.04	4.3
Balance	16.15	2.8
Balance	36.4	2.8
ge. or below.		

Date	Amount Paid	Balance
To Balance Forward		
By Payment		
" " " " " "		
" " " " " "		
" " " " " "		
" " " " " "		
" " " " " "		
" " " " " "		
" " " " " "		

Insurance Companies.....
 sufficient resources Legally available to.....
 (Firm Name of Funeral Directors.)
 by the same within..... days from date. Interest to accrue from

Signed.....

Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Oct 31 1949
 Name of Deceased Paul C. aka Paul Claire Loveland
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: At 2 Box 254 Sonoma ☐ Husband ☐ Wife ☐ Widow father
 or of Age of Husband or Wife (if living) Years
 Charge to: father
 Address: Above
 Order given by (or informant)
 How Secured
 If Veteran, State War Spanish American
 Occupation Barber
 Employer and Address
 Date of Death Oct 31
 Date of Birth Jan 1
 Age 70 (Years)
 Date of Funeral (Date)
 Services at

Complete Funeral (except outlays) \$ 4.88
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$

Deceased

State (or U.S.)

th. Horne

h.

Causes

ysician Mc

Bayes

ner. Harne

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e of Mother Da

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ins to

et

(State Color and Number)

ed by: Chapel of the ChimesGolden Gate National (ashes)

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill
 Less 24.40
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
DATE <u>10/12/49</u>					
<u>Filed with Gov't</u>					
SIZE <u>6/6</u>					
No. <u>1909 HP</u>					
Cov. <u>87</u>					
DESCRIPTION: <u>Sabina panel & Pillow full lined Bianca Cream velvet, eggshell SRB&BP</u>					
HANDLES: <u>7300-6x2 Spt & Mt. Handles & Corners</u>					

Insurance \$
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

137

Total No. Yearly No. Date of Entry Nov 2 1949

Name of Deceased Charles R. Taylor
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sanoma, Calif. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Hilda C. Marum

Address: Gen. Del. Bayes Springs

Order given by: Herself
 (or informant)

How Secured:

Veteran, State War No

Occupation: Hardware Man 545-10-1013
 (Social Security Number)

Employer and Address

Date of Death: Nov 2, 1949 11:10 A.M.
 (Date) (Hour)

Date of Birth: July 27, 1884
 (Year) (Month) (Days)

Date of Funeral: Nov 4 3 P.M.
 (Date) (Day of Week) (Hour)

Places at: Chapel

Funeraryman: Edt Lodge Sonoma #28
 (Address)

Location of the Deceased

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box

Embalming Body (State Kind)

Barber, \$ Hair Dressing, \$ 16.50

Dressing Body, \$ Underwear, \$ 4.50

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 4.50

Folding Chairs, \$ Tarpaulin, \$ 4.50

Candelabrum, \$ Candles, \$ 4.50

Door Spray, \$ Gloves, \$ 4.50

Funeral Car, \$ Ambulance, \$ 4.50

Limousines to Cemetery @ \$ 4.50

Extra Limousines @ \$ 4.50

Autos to R. R. Station @ \$ 4.50

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

December 8, 1949

Redwood Highway
at Hearn Avenue

No 8337

v. 4 1949

45.00

45.00

45.00

Balance 4.85

38.04

16.15

Balance 26.42

ge. or below.

Date	Amount Paid	Balance
	To Balance Forward	\$.
	By Payment	\$.
Dec 19	" 2nd full	\$ 364.28
	" "	\$.
	" "	\$.
	" "	\$.
	" "	\$.
	" "	\$.

Insurance Companies

sufficient resources Legally available to

by the same within days from date. Interest to accrue from

Signed

Address

FEINEMAN St. Louis, Mo.

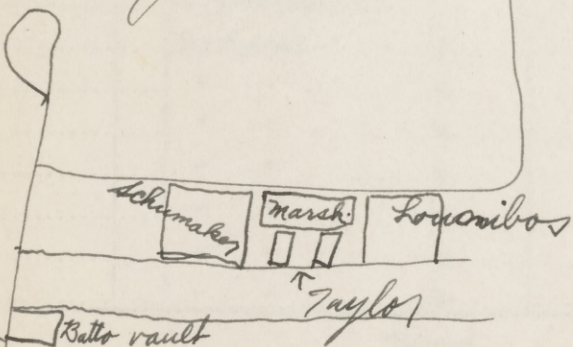
Received of Bates & Evans Funeral Directors,
the following articles, possessions of Charley Taylor,
deceased.

Es. Roy Pauli \$1.75
 L. Pellandini 6.00
 F.E. Giorno 8.00
 F.E. Giorno 16.00

Personal notes,
Nail clip
5¢ in coin

Jack E. Millington
 THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO
 HOME ADDRESS 610 - 16th St.
 1750 - 11th Street OAKLAND 12, CALIF.
 LOS ALAMOS, NEW MEXICO Tel: Higate 4-3870

Bury ashes in
Taylor plot



RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Oct 31 1949
 Name of Deceased Paul C. S. K. Paul Chase Loveland
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: St. 2 Box 254 Sonoma ☐ Husband ☐ Wife ☐ Widow fatherine
 or of } Age of Husband or Wife (if living) Years
 Charge to: fatherine S. Loveland
 Address: Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War Spanish American
 Occupation Barber
 Employer and Address
 Date of Death Oct 31
 Date of Birth Jan 14
 Age 70 (Years)
 Date of Funeral (Date)
 Services at:

Complete Funeral (except outlays) \$ 4.88
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing

Deceased
 State (or U.)
 th. Horne

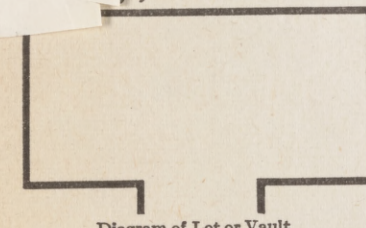
h.
 Causes:

ysician M. R. Bayes
 her. Thorne

of Mother
 ce:

ins to
 et (State Color and Number)

ed by Chapel of the Chinese
National (ashes)



Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Out of
 Perso
 Sales
 Total
 Less
 Enter

DEATH NOTICE

In

A Native of

Aged

Date	Amount Paid	Balance	Date
DATE 10/12/49			
Filed with <u>Government</u>	Balance	\$	
SIZE 6/6	No. 1909 HP	Cov. 87	
DESCRIPTION: Sabina panel & Pillow full lined Bianca Cream velvet, eggshell SRB&BP			
HANDLES: 7300-6x2 Spt & Nt. Handles & Corners			
	\$	\$	

Insurance \$ Names of Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

137

Total No. Yearly No. Date of Entry Nov 2 1949
 Name of Deceased Charles R. Taylor
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W
 Residence: Sanoma, Calif ☐ Husband ☐ Wife ☐ Widow
 Charge to: Mrs. Hilda C. Mahum or of } Age of Husband or Wife (if living) Years
 Address: Box 111, Bayes Springs
 Order given by: Herself (or informant)
 How Secured:

Veteran, State War No
 Occupation Hardware man 545-10-1013 (Social Security Number)
 Employer and Address
 Date of Death Nov 2, 1949 11:10 AM (Date) (Hour)
 Date of Birth July 27, 1884 (Date) (Month) (Days)
 Date of Funeral Nov 4 3 P. (Date) (Day of Week) (Hour) M.
 Services at: Chapel
 Organist: Edw. Lodge Sonoma #28 (Address)
 Religion of the Deceased
 Place Calif

Complete Funeral (except outlays) \$ 323
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges

Rosa 6-R
524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8337

FROM M Bates & Evans Santa Rosa, California Nov 4 1949
Sanoma, Calif
 Services For Charles R. Taylor 45.00
 Section
 Endowment fund deposit- Tier No.
 Chest Sales Tax
 Ice { Twice } Each Week, from to
 { Once }
 from to Engraving Permit
 Total 45.00
forty five and no/100 Dollars 45.00
 Present Balance
 CALIFORNIA CREMATORIUM
 Per B. B. Fisher

Record No. 3729
 Block No. Balance
 Owner Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

137

Total No. Yearly No. Date of Entry Nov 2 1949

Name of Deceased Charles R. Taylor (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Sanoma, Calif. ☐ Husband ☐ Wife ☐ Widow

Charge to: Mrs. Welda C. Mahum or of } Age of Husband or Wife (if living) Years

Address: Box 101, Boyes Springs

Order given by: herself (or informant)

How Secured:

Veteran, State War No

Occupation: Hardware man 545-10-1013 (Social Security Number)

Employer and Address:

Date of Death: Nov 2, 1949 11:10 A M (Date) (Hour)

Date of Birth: July 27, 1884 (Years) (Months) (Days)

Date of Funeral: Nov 4 Tru 2 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: S. O. F. Lodge Sanoma # 28 (Address)

Location of the Deceased: Calif

Place of Death: Community Hospital (or U. S. or City or County) (Years) (Months)

Cause of Death: Carcinoma of Urinary

Contributory Causes: Uremia

Dying Physician: Wm. Newman M.D. (or Coroner)

Address: Sanoma

Date of Father: Charles A.

Birthplace:

Given Name of Mother: Matthe

Birthplace:

Remains to:

Cost of Casket: 95.25 H.P. Co. 178 (State Color and Number)

Manufactured by: S. J. Golden, St. Louis

Funery: Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner:

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 1.50

Dressing Body, \$ Underwear, \$ 1.50

Suit or Dress (State Kind and Color) 4.50

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax

Outlay for Lot. 45

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service. music 5.00

..... line Death Notices in Papers 2.58

(Names of Newspapers)

Sales Tax 4.85

Total Footing of Bill \$ 380.43

Less 16.15 - 30 days 16.15

Balance \$ 364.28

Entered into Ledger, page or below.

Diagram of Lot or Vault

Date

Amount Paid

Balance

Date

Amount Paid

Balance

To Above Balance

By Payment

" "

" "

" "

" "

" "

" "

" "

" "

Insurance Companies

by authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

he payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

urity at the rate of % per annum.

Signed

Address

RECORD OF FUNERAL

139

Total No. Yearly No. Date of Entry November 5 1949

Name of Deceased William Carroll Nau W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1357-17th St. San Francisco ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: William J. Nau

Address: Fetters Springs, Calif.

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Helper, Parts Dept 565-30-974 (Social Security Number)

Employer and Address

Date of Death Nov. 5, 1949 - 7 7:30 A
 (Date) (Hour)

Date of Birth: Dec 14, 1927

Age: 21 10 21
 (Years) (Months) (Days)

Date of Funeral: Nov 8, Tue 9:30 A M.
 (Date) (Day of Week) (Hour)

Services at:

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace: San Francisco

Resided in the State: Calif.
 (or U. S. or City or County) (Years) (Months)

Place of Death: Wardens College - S F

Cause of Death: Carbon Monoxide Poisoning

Contributory Causes: Suicide

Certifying Physician: John J. Kingston M.D.
 (or Coroner)

His Address: 650 Merchants St

Name of Father: William Nau

His Birthplace:

Maiden Name of Mother: Leonora

Her Birthplace:

Motor } Remains to
 Ship }

Size of Casket: Large (State Color and Number)

Manufactured by: Aulten Casket Co.

Cemetery } Catholic Cem Sonoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$ 283 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Shirt 2.50 Ties 84 2.58
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$ 19.15
 Door Spray, \$ Gloves, \$ 15
 Funeral Car, \$ Ambulance, \$ 206.50
 Limousines to Cemetery @ \$ 3
 Extra Limousines @ \$ 61.95
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges: S. F. Permit 1.00
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: 3 Graves @ 25.00 75.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service: mass 15.00
 line Death Notices in Papers
Examiner 8.40
Ready Tribune 2.58
 Sales Tax 6.20
 Total Footing of Bill \$ 533.76
 Less 19.90 - 30 days \$ 19.90
 Balance \$ 513.86
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
NAU - In San Francisco, Nov. 5, 1949. Billy Carroll Nau, dearly beloved son of William and Leonora Nau, beloved brother of Jack Nau and beloved brother- in-law of Louise Nau; a native of San Francisco, aged 21 years 11 months. Friends are invited to attend the fu- neral Tuesday at 9:30 a. m. from the Chapel of Bates & Evans, in Sonoma, Calif.					
ice			To Balance Forward		
			By Payment		
			" "	<u>513.86</u>	
			" "		
			" "		
			" "		
			" "		
			" "		
			" "		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

139



Compiled by F. J. FEINEMAN. St. Louis, Mo.

139

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... November 4 1949

Name of Deceased.....*Ransom L. Hemmingsway*.....*W.*
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 547 Bonner Ave. Sarona ☐ Husband ☐ Wife ☐ Widow } Mabel
or of } Age of Husband or Wife (if living) Years

Charge to: Mabel Dominguez
Address: Above

Complete Funeral (except outlays).....\$	<u>398.-</u>
--	--------------

Order given by.....	Casket.....		
(or informant)	Burial Vault or Box.....		

How Secured:	Embalming Body	(State Kind)	
		(Name of Embalmer)	

If Veteran, State War no Barber, \$..... Hair Dressing, \$..... 199

Occupation Engineer - no Dressing Body, \$..... Underwear, \$.....
(Social Security Number) Suit or Dress.....

Employer and Address Slippers, \$ Hose, \$ (State Kind and Color)

Date of Death Nov 4, 1949 3:40 P.
(Date) (Hour)

Birth.....	July 18, 1896.....	Candelabrum, \$.....	Candles, \$.....
		Door Spray, \$.....	Gloves, \$.....
		F.....	.....

.....	.....	.....	Funeral Car, \$.....	Ambulance, \$.....	.....
(Years)	(Months)	(Days)	Limousines to Cemetery.....@ \$.....	.....	.....

Funeral	Mon. 7-11	Mon.	2 P.	M.	Extra Limousines	@ \$		
(Date)	(Day of Week)	(Hour)			Autos to R. R. Station	@ \$		

It: 6 pages by: (Buttman)	Getting Remains from: Taking Remains to:
------------------------------	---

n: <u>John J. Sullivan</u> (Address) of the Deceased	Taking Remains to Trip to Coroner's Inquest Delivering Box to
--	---

72	5125	Country	Delivering Box to		
9		England	Deliver Flowers to		

1 the State (or U. S. or City or County) (Years) (Months)

Death. Community Hospital (State Number and District) _____
—Certif. Copies of Death Certificates No. _____
(State Physician's or Coroner's)

Death:.....

Pall Bearer Service, \$.... Use of Chapel, \$.....

Gross Total for Sales Tax.....

ory Causes.....	Gross Total for Sales Tax.....	\$	
	Outlay for Lot:.....		

Physician <i>A. K. McHugh, M.D.</i>	Cremation	45	50
	Flowers, \$ Palms, \$ Matting, \$		

Physician, \$.....	(or Coroner)	Rental of Tent, \$.... of Temporary Vault, \$.....
SS <i>Sonoma Calif</i>		Opening of Grave or Tomb.....

SS.	Lining Grave, \$.....	Lowering Device, \$.....
Father, <i>Richard Helmsway</i>	Outlay for Shipping Charges	

place. Clergyman, \$ Singers, \$ Organist, \$
Railroad

Name of Mother.....	<i>Maria Ransom</i>	Travel or Motor Tickets, \$.....	Plane Service, \$.....
Telegr., Phone, Cable or Radio Charges.....			

place.....	Cash Advanced.....		
	Out of town Undertaker's Charges.....		

main to	Out of town Undertaker's Charges	
elot <i>Laupe</i>	Personal Service	

Manufactured by Sutton Basket Co. (State Color and Number) 100 line Death Notices in 10 Papers

Cemetery } Chapel of the Chimes, N.Y.
Crematory }
(Names of Newspapers)

Lot No.

Grave No.....	Sales Tax		
	Total Footing of Bill.....	\$	465 77

Section No. Less *Courtesy to Dr McQuath* \$ *59 70*

Block NO.

Owner

Balance *1c* \$ *406 07*

[illegible]

Amount Paid		Balance		Date		Amount Paid		Balance	
<p>EMINGWAY-In Sonoma, Calif., Nov. 4, 1949. R. Leigh Hemingway, dearly beloved husband of Mrs. Mabel Hemingway, died at his home.</p>						<p>To Balance Forward</p>			

Florida. Mrs. Joan McGrath of Sonoma.	\$.	\$.	By Payment.	\$.	\$.
Mrs. S. B. Dine of Sacramento and Mrs.					

<p> a native of England, aged 73 years. Friends are invited to attend the funeral services Monday, Nov. 7th, at 2 p.m., from the Chapel of Bates & </p>	\$	\$	<p> Nov 28 1941 </p>	"	\$	\$
--	----	----	--	---	----	----

rans, Sonoma, Calif., Rev. Herald St.	\$		\$		"	<i>Lulu</i>	90/87	\$
George Buttrum officiating. Inurnment								
Chapel of the Chimes, Santa Rosa, Calif.								
SON, La. Volcano, Mexic. Co.	\$		\$		"	"		\$

[illegible]

“ “ \$ \$ “ “ \$ \$

Names of		Insurance	

Insurance \$.....Lodges.....Companies.....

I hereby authorize the above Funeral and I hereby represent that I have sufficient resources locally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness..... Address.....

Compiled by E. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

139

Total No. Yearly No. Date of Entry November 5 1949

Name of Deceased William Carroll Nau W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1357-17th St. San Francisco ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: William J. Nau

Address: Fetters Springs, Calif.

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Helper, Post Dept 565-30-974
Auto (Social Security Number)

Employer and Address

Date of Death Nov 5, 1949 7:13 A
 (Date) (Hour)

Date of Birth Dec 14, 1927

Age 21 10 21
 (Years) (Months) (Days)

Date of Funeral Nov 8, Tue 9:30 A M.
 (Date) (Day of Week) (Hour)

Services at:

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State Calif
 (or U. S. for City or County) (Years) (Months)

Place of Death Wardington, California 87

Cause of Death Carbon Monoxide Poisoning

Contributory Causes Suicide

Certifying Physician John J. Angleton, M.D.
 (or Coroner)

His Address: 600 Merchant St.

Name of Father William Nau

His Birthplace

Maiden Name of Mother Leonora

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Large
 (State Color and Number)

Manufactured by Butler Casket Co.

Cemetery } Catholic Cem Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 283 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Shirt 2.50 Ties 1.00
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges 1.00
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot 3 Graves @ 25.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill
 Less 19.90 20 days
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Nov 5, 1949			To Balance Forward		
Nov 8, 1949			By Payment		
Nov 10, 1949			"		
"			"		
"			"		
"			"		
"			"		
"			"		

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Nov 11 1949

Name of Deceased Linda Jean Evans White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sanoma State Home ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Wm R Evans

Address: 173 Noe St

Order given by: works. Merchants Express
 (or informant) 560 Jouness St

How Secured: underbell 3-5420 St

If Veteran, State War No

Occupation None NA
 (Social Security Number)

Employer and Address

Date of Death Nov 11, 1949 6:10 A.M.
 (Date) (Hour)

Date of Birth Nov 16, 1939

Age 9
 (Years) (Months) (Days)

Date of Funeral Nov 13, Sat 3 P.M.
 (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace St. Gal

Resided in the State Calif
 (or U.S. or City or County) (Years) (Months)

Place of Death Hydrotaphos

Cause of Death

Contributory Causes

Certifying Physician Daniel Heberman M.D.
 (or Coroner)

His Address Eldridge, Calif

Name of Father Wm R Evans

His Birthplace

Maiden Name of Mother Roberta Sanders

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 3/0 White
 (State Color and Number)

Manufactured by: St

Cemetery } Catholic Cemetery Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 40.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 20

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 60

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to:

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 1 grave \$ 15

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 12 50

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
Breast at Grave 5 00
 (Names of Newspapers)

Sales Tax 60

Total Footing of Bill \$ 73.10

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
11/4/50	Letter to father			To Balance Forward	
5/29/50	By Payment			By Payment	
Nov 8, 1950	Letter to Merchants Express - Employer		Nov 21, 1950	On acct	
3/8/51	Letter		Feb 8, 1951	" "	
4-5-51	Letter to Merchants Express		" "	" "	
			" "	" "	
			" "	" "	
			" "	" "	
			" "	" "	

HANDLES: 6-- Imi . Hds

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

141

Total No. Yearly No. Date of Entry Nov 16 1949

Name of Deceased Hazel Mae Luther
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 1st West Sonoma
☐ Husband ☐ Wife ☐ Widow } Charles
 or of } Age of Husband or Wife (if living) Years

Charge to: Charles Luther
 Address: above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home 556-307529
 (Social Security Number)

Employer and Address

Date of Death Nov 16, 1949 6:40 A.
 (Date) (Hour)

Date of Birth May 24, 1897
 (Date)

Age 52
 (Years) (Months) (Days)

Date of Funeral Nov 18, Fri 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Oliver Terrill
 (Address)

Religion of the Deceased

Birthplace Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Carsonoma (see certificate)

Cause of Death:

Contributory Causes:

Certifying Physician Michael M. Mikita M.D.
 (or Coroner)

His Address: Bayes Springs Calif.

Name of Father John Myers

His Birthplace Katherine Turner

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

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Complete Funeral (except outlays).....	\$	365	-
Casket.....			
Burial Vault or Box.....			
Embalming Body.....			
Barber, \$.....			
Dressing Body, \$.....			
Suit or Dress <u>16.00</u> <u>Lat 48</u>			
Slippers, \$.....			
Folding Chairs, \$.....			
Candelabrum, \$.....			
Door Spray, \$.....			
Funeral Car, \$.....			
Limousines to Cemetery @ \$.....			
Extra Limousines @ \$.....			
Autos to R. R. Station @ \$.....			
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....			
Certif. Copies of Death Certificates No.....			
Pall Bearer Service, \$.....			
Gross Total for Sales Tax.....	\$		
Outlay for Lot.....			
Cremation.....			
Flowers, \$.....			
Rental of Tent, \$.....			
Opening of Grave or Tomb.....			
Lining Grave, \$.....			
Outlay for Shipping Charges.....			
Clergyman, \$.....			
Railroad } Tickets, \$.....			
or Motor } Aero-plane Service, \$.....			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....			
Line Death Notices in.....			
Indust. Tribune - Paper.....			
Sales Tax.....			
Total Footing of Bill.....	\$	443.96	
Less <u>18.25 - 30 days</u>	\$	18.25	
Balance.....	\$	425.71	
Entered into Ledger, page.....			

John C. Hubbard
 THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO
 HOME ADDRESS 3418 Rheems Ave. RICHMOND, CALIF.
 PACIFIC COAST BRANCH 610 - 16th St. OAKLAND 12, CALIF.
 Tel: Higate 4-3870

Received of
 Bates & Coan one
 silver colored wrist
 watch "Times"

C. S. Luther

Date	Amount Paid	Balance
	To Balance Forward.....	\$.....
<u>Dec. 6, 49</u>	By Payment <u>In full</u>	\$425.71
	" ".....	\$.....
	" ".....	\$.....
	" ".....	\$.....
	" ".....	\$.....
	" ".....	\$.....
	" ".....	\$.....

Insurance Companies.....
 ve sufficient resources Legally available to.....
 pay the same within..... days from date. Interest to accrue from.....
 Signed.....
 Address.....
 J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Nov 11 1949

Name of Deceased Linda Jean Evans White
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sanoma State Home ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Wm R Evans

Address: 173 Noe St

Order given by: Wm R Evans
 (or informant) 560 Sounwell St

How Secured: underbell 3-5420 St

If Veteran, State War No

Occupation None NA
 (Social Security Number)

Employer and Address

Date of Death Nov 11, 1949 6:10 A.M.
 (Date) (Hour)

Date of Birth: Nov 16, 1939

Age: 9
 (Years) (Months) (Days)

Date of Funeral Nov 13, Sat 3 P.M.
 (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace S.F. Cal

Resided in the State Cal
 (or U.S. or City or County) (Years) (Months)

Place of Death: Hydrotaphos

Cause of Death:

Contributory Causes:

Certifying Physician Daniel Lieberman M.D.
 (or Coroner)

His Address: Eldridge, Calif

Name of Father: Wm R Evans

His Birthplace:

Maiden Name of Mother: Roberta Sanders

Her Birthplace:

Motor } Remains to
 Ship }

Size of Casket 3/0 White
 (State Color and Number)

Manufactured by: St

Cemetery } Catholic Cemetery Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 40.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 20

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 62

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to:

Trip to Coroner's Inquest

Delivering Box to:

Deliver Flowers to:

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 1 grave 15

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 12 50

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in
 (Names of News)

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, page

Date	Amount Paid	Balance	Date	Amount Paid	Balance
11/4/50	Letter to father				
	To Above Balance				
5/29/50	By Payment				
July 11, 1950	Letter		Nov 21, 1950	Letter	
Nov 8, 1950	Letter to Merchants Express - Employer		Feb 8, 1951	Letter	
3/8/51	Letter				
4-5-51	Letter to Merchants Express				

SIZE 3/0 NO. 0 Cov. Wht Tamb

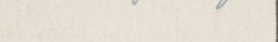
DESCRIPTION: lined

HANDLES: 6-- Imi . Hds

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within
 maturity at the rate of % per annum.

Witness Signed
 Address

141

 <p>Diagram of Lot or Vault</p>	Lot No.....
	Grave No.....
	Section No.....
	Block No.....
	Owner.....

Insurance \$. Names of
Lodges. Insurance
Companies.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

aturity at the rate of % per annum.

Signed

Address

tness

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry November 20 1949

Name of Deceased Minna Stuermer
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 3099 Market St S7 ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Walt Stuermer or of } Age of Husband or Wife (if living) Years

Address: Souma

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home no (Social Security Number)

Employer and Address

Date of Death Nov. 20, 1949 10:55 A.M. (Date) (Hour)

Date of Birth April 27, 1872 (Date) (Month) (Day)

Age 77 (Years) (Months) (Days)

Date of Funeral Nov. 22, 1949 3 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Alan Terrell (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death home

Cause of Death Arteriosclerotic heart disease

Contributory Causes

Certifying Physician John J. Kingston, M.D. (or Coroner)

His Address 6509 Merchants St S7

Name of Father Mahring

His Birthplace

Maiden Name of Mother

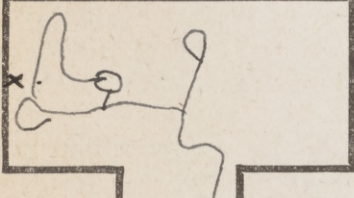
Her Birthplace

Motor } Remains to
 Ship }

Size of Casket No. Pale (State Color and Number)

Manufactured by S7

Cemetery } Mt. Cess. Souma
 Crematory }

Diagram of Lot or Vault 

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 468 -

Casket
 Burial Vault or Box 15 - (State Kind)
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$ 234
 Folding Chairs, \$ Tarpaulin, \$ 15
 Candelabrum, \$ Candles, \$ 49
 Door Spray, \$ Gloves, \$ 3
 Funeral Car, \$ Ambulance, \$ 7.47
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 57 1.00
 Certif. Copies of Death Certificate No. Local 1.00
 (State Number and District) (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 21 letters @ 1.50 31.50
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 55 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced Rev. Terrell 10.00
 Out of town Undertaker's Charges Walt 7.50
 Personal Service Gotaminger 6.24
Chronicle 6.00
line Death Notices in Call Papers Bulletin 5.00
Press Democrat 4.00
Index Tribune 1.50
S7 News 5.00
 Sales Tax 7.47
 Total Footing of Bill \$ 624.21
 Less 24.15 - 30 days \$ 24.15
 Balance \$ 600.06
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

RECORD OF FUNERAL

143

Total No. *Georgia Carol* Yearly No. *Marie Delight Northrop Adams* Date of Entry *November 24 1949*

Name of Deceased *Marie Delight Northrop Adams* (What Race) *W.*

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: *1708 Eldridge, Calif.* ☐ Husband ☐ Wife ☐ Widow } or of Age of Husband or Wife (if living) Years

Charge to: *Adams*

Address: *1708 Pacific Ave. Alameda, Cal.*

Order given by: *Rev. Jrice* (or informant)

How Secured:

If Veteran, State War *no*

Occupation *none* (Social Security Number) *no*

Employer and Address

Date of Death *Nov 24, 1949* 8:05 P. (Date) (Hour)

Date of Birth *March 20, 1949*

Age *8* - *4* (Years) (Months) (Days)

Date of Funeral *Nov. 26 Sat* 3 P.M. (Date) (Day of Week) (Hour)

Services at: *Chapel*

Clergyman: *Rev. Jrice* (Address)

Religion of the Deceased

Birthplace *Oakland*

Resided in the State *Calif.* (or U. S. or City or County) (Years) (Months)

Place of Death *Sanoma State Home*

Cause of Death *Colitis due to Shigella Flexner*

Contributory Causes *Variella*

Certifying Physician *Daniel Lieberman M.D.* (or Coroner)

His Address: *Eldridge, Cal.*

Name of Father *no record*

His Birthplace *2*

Maiden Name of Mother *Frances Caskey*

Her Birthplace

Motor } Remains to
Ship }

Size of Casket *2/6 # 502* (State Color and Number)

Manufactured by: *A. F.*

Cemetery } *mt. Cern. Sonoma*
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ *6.57*

Casket *10*

Burial Vault or Box (State Kind) *10*

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ *32.50*

Dressing Body, \$ Underwear, \$ *10*

Suit or Dress (State Kind and Color) *42.50*

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$ *12.75*

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District) *6*

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb *20*

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service *1.00*

..... line Death Notices in Papers *7.50*

..... (Names of Newspapers)

Sales Tax *1.28*

Total Footing of Bill \$ *110.78*

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward		\$
Casket No. <i>502</i>			By Payment	<i>\$110.78</i>	\$
Size <i>2/6</i>			<i>Nov. 26, 1949</i>		\$
			"		\$
Covering <i>White Lamb</i>			"		\$
			"		\$
			"		\$
Description <i>Lined Rego</i>			"		\$
<i>1060- 4418</i>			"		\$

Insurance \$ Louges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No.Yearly No.Date of Entry

Name of Deceased

☐ Married☒ Single☐ Widowed☐ Divorced

(What Race)

Residence:

Charge to:

Address:

Order given by:(or informant)

How Secured:

If Veteran, State War

Occupation

Employer and Address

Date of Death:10:45P.....(Date)(Hour)

Date of Birth:(Date)(Month)(Days)

Age:(Years)(Months)(Days)

Date of Funeral:3P.M.....(Date)(Day of Week)(Hour)

Services at:

Clergyman:(Address)

Religion of the Deceased

Birthplace

Resided in the State:(or U.S. or City or County)(Years)(Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician:(or Coroner)

His Address

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket:(State Color and Number)

Manufactured by:

Cemetery

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays)

Casket

Burial Vault or Box

Embalming Body

Barber, \$.....Hair Dressing, \$.....

Dressing Body, \$.....Underwear, \$.....

Suit or Dress

Slippers, \$.....Hose, \$.....

Folding Chairs, \$.....Tarpaulin, \$.....

Candelabrum, \$.....Candles, \$.....

Door Spray, \$.....Gloves, \$.....

Funeral Car, \$.....Ambulance, \$.....

Limousines to Cemetery

Extra Limousines

Autos to R. R. Station

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.

Pall Bearer Service, \$.....Use of Chapel, \$.....

Gross Total for Sales Tax

Outlay for Lot:Grave

Cremation

Flowers, \$.....Palms, \$.....Matting, \$.....

Rental of Tent, \$.....of Temporary Vault, \$.....

Opening of Grave or Tomb

Lining Grave, \$.....Lowering Device, \$.....

Outlay for Shipping Charges

Clergyman, \$.....Singers, \$.....Organist, \$.....

Railroad or Motor } Tickets, \$.....Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in

Casket Spray

Floral Spray

Crest

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, pageor below.

[illegible]

Insurance \$ Names of
Lodges Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry November 26, 1949

Name of Deceased Cherie Lee Marxton
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Sanoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Gene O. Marotta

Address: 4th & Bettercourt Sanoma

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation none (Social Security Number)

Employer and Address

Date of Death Nov 26, 1949 10:45 P. (Date) (Hour)

Date of Birth Sept 9, 1949 (Date)

Age 2 (Years) 17 (Months) (Days)

Date of Funeral Nov 28, Mon 3 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman:

Religion of the Deceased Cat.

Birthplace Sanoma

Resided in the State Life (or U.S. or C)

Place of Death Home

Cause of Death Myocard

Contributory Causes Bron

Certifying Physician G. R.

His Address Sanoma

Name of Father Gene W.

His Birthplace

Maiden Name of Mother Rita

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 7/8 - white (State)

Manufactured by 7

Cemetery } Catholic
 Crematory } Sanoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 357

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 1750

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 5250

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Sales Tax \$ 53

Total Footing of Bill \$ 88.03

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.....

Yearly No.....

Date of Entry..... Nov 30 19 49

Name of Deceased..... Samuel - Cartmell

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence..... P.O. Box 116 - Agua Caliente, Cal.

☐ Husband ☐ Wife ☐ Widow } Mary J. or..... of } Age of Husband or Wife (if living)..... Years

Charge to..... Mrs. Mary J. Cartmell

Address..... above

Order given by.....

(or informant)

How Secured.....

If Veteran, State War..... no

Occupation..... machinist

(Social Security Number)

Employer and Address.....

Date of Death..... Nov 30, 1949 - 49 M.

Date of Birth..... March 21, 1882

Age..... 67 (Years) (Months) (Days)

Date of Funeral..... Dec 5, 1949 Sat 2 P. M.

(Date) (Day of Week) (Hour)

Services at..... Chapel -

Clergyman..... Mrs. Myers Reader - 3351 (Address)

Religion of the Deceased.....

Birthplace..... Missouri

Resided in the State.....

(or U. S. or City or County) (Years) (Months)

Place of Death..... Community Hospital -

Cause of Death..... Ruptured Aorta -

Contributory Causes.....

Certifying Physician..... Vernon Silvershield (or Coroner)

His Address..... Santa Rosa

Name of Father..... Charles Cartmell

His Birthplace.....

Maiden Name of Mother..... Gregory

Her Birthplace.....

Motor } Remains to.....

Size of Casket..... Tanpe (State Color and Number)

Manufactured by..... Suttler Gasbet Co -

Cemetery } Chapel of the Shines -

Crematory }

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays)..... \$ 398 -

Casket.....

Burial Vault or Box..... (State Kind)

Embalming Body..... (Name of Embalmer)

Barber, \$..... Hair Dressing, \$..... 199

Dressing Body, \$..... Underwear, \$..... 3

Suit or Dress..... (State Kind and Color) 597

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery..... @ \$.....

Extra Limousines..... @ \$.....

Autos to R. R. Station..... @ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit..... (State Number and District)

Certif. Copies of Death Certificates No..... (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax..... \$

Outlay for Lot.....

Cremation..... + permit 45.50

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero- plane Service, \$.....

or Motor }

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges..... 300

Personal Service..... Mrs. Myers, Reader 19.00

..... 5.00

..... line Death Notices in..... Papers 1.50

..... Local..... 3.75

..... (Names of Newspapers) Times Herald -

Sales Tax..... 5.97

Total Footing of Bill..... \$ 472.72

Less..... 19.90

Balance..... \$ 452.82

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....	Dec 15 49	" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$.....

Names of Lodges.....

Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness.....

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

147

Total No. Yearly No. Date of Entry December 4 1949

Name of Deceased Andrew Shodde W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1, Box 35, Sonoma ☐ Husband ☐ Wife ☐ Widow } Rosalia
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Theresa Summerville

Address: Rt. 1, Box 35, Sonoma

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Farmer (Social Security Number) 7-6

Employer and Address

Date of Death Dec 4, 1949 11:45 P.
 (Date) (Hour)

Date of Birth May 27, 1864
 (Date)

Age 85 6 7
 (Years) (Months) (Days)

Date of Funeral Dec 7, Wed 10 A.
 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased

Birthplace Austria

Resided in the State - (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Vernon Silverscheid
 (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Shodde

His Birthplace

Maiden Name of Mother Theresa

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Calhoun Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 383.00

Casket
 Burial Vault or Box (State Kind) 15.00
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$ 19.50
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$ 206.50
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$ 619.50
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15.00
 line Death Notices in Index Tribune 2.58
 (Names of Newspapers)

Sales Tax 6.20
 Total Footing of Bill \$ 446.78
 Less 19.90 \$ 19.90
 Balance \$ 426.88

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Dec 10, 49 In full</u>	<u>426.88</u>	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$
	" "	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 7, 1949

Name of Deceased Grace Genevieve Golladay

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) 60

Residence: 344-47th St. E. Sonoma ☐ Husband ☐ Wife ☐ Widow Richard G. Golladay or of Age of Husband or Wife (if living) Years

Charge to Richard G. Golladay

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Dec 7, 1949 8:10 P.M. (Date) (Hour)

Date of Birth Dec 4, 1894

Age 55 (Years) 3 (Months) 3 (Days)

Date of Funeral Dec 10, Sat 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

101 Buttrum Sonoma

Complete Funeral (except outlays) \$ 3.93

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 19.50

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 58.95

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$ 4.50

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$ or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Buttrum 2 certified 2 10 —

line Death Notices in Papers Index Tribune 2 58

(Names of Newspapers) Democrat 4 00

Sales Tax 5 90

Total Footing of Bill \$ 462 48

Less 19.65 30 days \$ 19 65

Balance \$ 442 83

Entered into Ledger, page or below.

RELATIVES

Dec 7, 1949

I hereby grant permission to Dr. C. B. Andrews to perform an autopsy on the remains of my wife (Mrs. Grace G. Golladay)

Signed R. G. Golladay Husband

Maiden Name of Mother

Her Birthplace

Motor } Remains to Ship }

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Chapel of the Lilies S.R. Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

149

Total No. Yearly No. Date of Entry December 9 1949

Name of Deceased Nantke Faben Mitchell W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 1st East Sonoma ☐ Husband ☐ Wife ☐ Widow } Wesley
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Blanche Mitchell

Address Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation at home no (Social Security Number)

Employer and Address

Date of Death Dec. 9, 1949 10:25 A.
 (Date) (Hour)

Date of Birth Nov. 26, 1873
 (Years) (Months) (Days)

Age 76

Date of Funeral Dec. 12 mon 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. James Petaluma (Address)

Religion of the Deceased

Birthplace Missouri

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews (or Coroner)

His Address Sonoma, Calif.

Name of Father Faben Traubrecht

His Birthplace Germany

Maiden Name of Mother Katherine Lunsman

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 48x30x24 Cedar Rose 1 ch.
 (State Color and Number)

Manufactured by Golden State Casket Co. La.

Cemetery } Chester, Nebraska
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 378 -

Casket

Burial Vault or Box Shipping 35.00
 (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers Index Tribune 2.58
 (Names of Newspapers)

Extra notices 2.58

Sales Tax Out of State

Total Footing of Bill \$ 418 16

Less Fares to Neb. Chester \$ 140 90

Balance \$ 55.9 0.6

Entered into Ledger, page Cash disc 20, 65
538.41

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 7, 1949
 Name of Deceased Grace Genevieve Bolladay
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) 60
 Residence: 314-4th St. E. Sonoma ☐ Husband ☐ Wife ☐ Widow Richard P.
 Charge to Richard P. Bolladay or of Age of Husband or Wife (if living) Years
 Address above

Order given by (or informant)
 How Secured:
 If Veteran, State War no
 Occupation at home (Social Security Number)
 Employer and Address
 Date of Death Dec 7, 1949 8:10 P.M.
 Date of Birth Dec 4, 1894
 Age 55 (Years) 3 (Months) 3 (Days)
 Date of Funeral Dec 10, Sat 2 P.M.
 Services at Chapel
 an Dr. Buttrum Sonoma (Address)

If War Veteran, name war Soc. Security
 Place of Death: Dist. No.
 County of
 City, Rural District of
 Street and No.
 (If death occurred in hospital or institution, give in)
 Sex Color or Race
 Single, Married, Widowed or Divorced?
 If Married, Widowed or Divorced, Name of Husband
 Age if
 Birthplace of Deceased, City State
 Date of Birth Month Day
 Age Yr. Mo.
 If Less Than One Day Hrs.
 Trade or Profession
 Industry or Profession in Which Work was Done
 Father's Name
 of the Deceased
 ce Fresno, Calif.
 in the State
 (or U. S. or City or County) (Years) (Months)
 Death Home
 Death:
 atory Causes
 g Physician C. B. Andrews M.D.
 (or Coroner)
 res Sonoma
 Father Charles Henry
 place

Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket (State Color and Number)
 Manufactured by:
 Cemetery } Chapel of the Lilies S.P.
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

149

Total No. Yearly No. Date of Entry December 9 1949

Name of Deceased Nantke Faben Mitchell W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence 1st East Sonoma ☐ Husband ☐ Wife ☐ Widow Wesley
 Charge to Mrs. Blanche Mitchell or of Age of Husband or Wife (if living) Years
 Address Above

Order given by (or informant)
 How Secured
 If Veteran, State War no
 Occupation at home no (Social Security Number)
 Employer and Address
 Date of Death Dec 9, 1949 10:25 A.
 Date of Birth Nov. 26, 1873
 Age 76 (Years) (Months) (Days)
 Date of Funeral Dec 12 mon 2 P. M.
 Services at Chapel (Date) (Day of Week) (Hour)
 Clergyman Rev. Jones Petaluma (Address)
 Religion of the Deceased
 Birthplace Missouri
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death
 Contributory Causes

Certifying Physician Carroll B. Andrews (or Coroner)
 His Address Sonoma, Calif.
 Name of Father Faben Traubnick
 His Birthplace Germany
 Maiden Name of Mother Katherine Sonoma
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 4800 1/2 - Cedar Rose 1/2 ch. (State Color and Number)
 Manufactured by Golden State Casket Co. LA
 Cemetery } Chester, Nebraska
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 378 -
 Casket
 Burial Vault or Box Shipping \$ 35.00
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service

..... line Death Notices in Papers
Index Tribune
 (Names of Newspapers)
 Extra Notices
 Sales Tax Out of State
 Total Footing of Bill \$ 418 16
 Less Fares to Neb. Chester \$ 140 90
 Balance \$ 559 06
 Entered into Ledger, page Cash disc
20, 65
538.41

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 11 1949

Name of Deceased Viola Dodkar
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt. 2 Box 240 Sonoma ☐ Husband ☐ Wife ☐ Widow John L.
 or of Age of Husband or Wife (if living) Years

Charge to: Grace Sabanoff

Address: Above Lower Broadway

Order given by: (or informant)

How Secured:

If Veteran, State War no

Occupation At home 574-07-6314
 (Social Security Number)

Employer and Address

Date of Death Dec. 11, 1949 6:30 A.
 (Date) (Hour)

Date of Birth May 10, 1877

Age 72 7 1
 (Years) (Months) (Days)

Date of Funeral Dec. 13 - Tue 11 A. M.
 (Date) (Day of Week) (Hour)

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer) 80
3

Barber, \$ Hair Dressing, \$ 2.40

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 8435

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M

Santa Rosa, California

Dec. 12, 1949

Crematorium Services For

Memorial Section

--including endowment fund deposit--

Tier

No.

Urn

Chest

Sales Tax

Flower Service

Twice
Once

Each Week, from

to

Rental
Care

from

to

Engraving

Permit

Total

Credits

Received

Dollars

Check No.

Record No.

Present Balance
CALIFORNIA CREMATORIUM

Per

Manufactured by:

Cemetery
Crematory

Chapel of the Chimes S.R.

(Names of Newspapers)

Lot No.

Grave No.

Section No.

Block No.

Owner

Sales Tax

Total Footing of Bill

Less 8.00 30 days

Balance

Entered into Ledger, page or below.

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

151

Total No. Yearly No. Date of Entry Dec 14 1949

Name of Deceased James M. Cowan

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Glen Ellen, Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow Agnes 79

Charge to: Agnes Cowan, Mrs. Glen Ellen, Calif. or of Age of Husband or Wife (if living) Years

Address: Above - Represa, Calif.

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Rancher (Social Security Number)

Employer and Address

Date of Death Dec 14, 1949 4:24 P. (Date) (Hour)

Date of Birth April 12, 1865

Age 84 8 2 (Years) (Months) (Days)

Date of Funeral Dec 17 Sat 10:30 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Roberts Sonoma (Address)

Religion of the Deceased Catholic

Birthplace Missouri - St. Joseph

Resided in the State 72 years (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Community Hospital (State Number and District) (State Physician's or Coroner's)

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews, M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father William Cowan

His Birthplace Somerset, Kentucky

Maiden Name of Mother Mary Ann Butler

Her Birthplace Kentucky

Motor } Remains to
Ship }

Size of Casket Large (State Color and Number)

Manufactured by Smith

Cemetery } Int. Cemetery, Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 378

Casket \$ 15

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress Underwear (State Kind and Color) \$ 1.55

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$ 1.89

Funeral Car, \$ Ambulance, \$ 15

Limousines to Cemetery @ \$ 2.04

Extra Limousines @ \$ 2.3

Autos to R. R. Station @ \$ 6.12

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit 4.00

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 75.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Priest at Chapel & Home 15.00

..... line Death Notices in Papers 6.63

(Names of Newspapers) 4.00

..... 3.58

Sales Tax 6.12

Total Footing of Bill \$ 577.88

Less 19.65 - 30 days \$ 19.65

Balance \$ 498.23

Entered into Ledger, page or below.

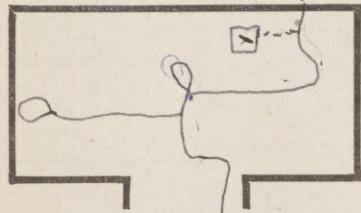


Diagram of Lot or Vault

COWAN - In Sonoma, Calif., December 14, 1949, James M. Cowan, dearly beloved husband of Mrs. Agnes Cowan of Glen Ellen, beloved father of Hazen F. Cowan of Represa, Calif., William E. Cowan of Pittsburg, Calif., devoted grandfather of James H. Cowan of Santa Clara and Mrs. Marion B. Hall of Hollister, and great grandfather of James Norman Hall 84 years. Friends are invited to attend the funeral services Saturday, December 17 at 10:30 a. m. from the Chapel of Bates & Evans in Sonoma, Calif. Interment Mt. Cemetery, Sonoma.

Dec 20 Statement to Mrs. Cowan

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 11 19 49

Name of Deceased Viola Backard
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt 2 Box 240 Sonoma ☐ Husband ☐ Wife ☐ Widow John L
 or of Age of Husband or Wife (if living) Years

Charge to: Grace Sabanoff

Address: above Lower Broadway

Order given by:
 (or informant)

How Secured:

If Veteran, State War no

Occupation at home 574-07-6314
 (Social Security Number)

Employer and Address

Date of Death Dec 11, 1949 6:30 A.
 (Date) (Hour)

Date of Birth May 10, 1877
 (Date) (Month) (Day)

Age 72 7 1
 (Years) (Months) (Days)

Date of Funeral Dec 13 Tue 11 A. M.
 (Date) (Day of Week) (Hour)

Funeral at Chapel of the Home S.S.

Funeral Director Chapel of the Home S.S.
 (Address)

Place of the Deceased Denmark

Place of Birth Denmark

Place of Death Denmark
 (or U. S. or City or County) (Years) (Months)

Cause of Death

Contributory Causes

Attending Physician Dr. Grant H. Fletcher
 (or Coroner)

Address Sonoma, Calif.

Name of Father Karl Jensen

Birthplace

Name of Mother Anna Marie Lauridsen

Birthplace

Remains to

Color of Casket 87
 (State Color and Number)

Manufactured by 87

Cemetery Chapel of the Home S.S.

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind) 80

Embalming Body (Name of Embalmer) 3

Barber, \$ Hair Dressing, \$ 2.40

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot 45.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 3.40

Total Footing of Bill \$ 207.40

Less 8.00 30 days \$ 8.00

Balance \$ 199.40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$ <u>199.40</u>	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

151

Total No..... Yearly No..... Date of Entry..... Dec 14 1944

Name of Deceased James M. Cowan W
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) 79
 Residence: Island Ellen Rural ☐ Husband ☐ Wife ☐ Widow } Agnes
 or of } Age of Husband or Wife (if living) Years

Charge to: None - Gains, 1950 Complete Funeral (except outlays) \$ 378 -
Address: Above - Represa, Calif.

Order given by..... (or informant)	Casket.....	15
	Burial Vault or Box..... (State Kind)	
How Secured.....	Embalming Body.....	

How Secured.....	Ensuing Day.....	(Name of Embalmer)		
If Veteran, State War.....	Barber, \$.....	Hair Dressing, \$.....		
	Dressing Body, \$.....	Underwear, \$.....		

Occupation <u>Rancher</u>	(Social Security Number)	Suit or Dress <u>Underwear</u>	53
Employer and Address	Slippers, \$.....	Hose, \$.....	

Date of Death. <u>Dec. 14, 1949</u>	<u>4:24 P.</u>	Folding Chairs, \$.....	Tarpaulin, \$.....	
(Date)	(Hour)	Candelabrum, \$.....	Candles, \$.....	
Date of Birth. <u>April 12, 1865</u>		Door Spray, \$.....	Gloves, \$.....	<u>189</u>

Age. 84 (Years) 8 (Months) 2 (Days)
Funeral Car, \$ Ambulance, \$ 15.
Limousines to Cemetery @ \$
Extra Limousines @ \$ 20.

Date of Funeral. Dec. 17 . . . Sat. . . . 10:00 A. M.
(Date) (Day of Week) (Hour)

Services at. Chapel

Extra Linens \$
Autos to R. R. Station @ \$
Getting Remains from
This

6

Clergyman: <i>Rev. Roberts</i>	<i>Sanoma</i>	Taking Remains to		
	(Address)	Trip to Coroner's Inquest		
Religion of the Deceased <i>Catholic</i>		Delivering Box to		

Birthplace	Missouri - St Joseph	Deliver Flowers to	
Resided in the State	12 years	Removal Charges	
		Procuring Burial Permit	4 00

(or U. S. of City or County) (Years) (Months)

Place of Death. Sonoma Valley Community Hospital

Certif. Copies of Death Certificates No. _____
(State Physician's or Coroner's)

Pall Bearer Service \$ _____ Use of Chapel \$ _____

Cause of Death.....	Full Dealer Series, \$.....	Use of Chapter, \$.....		
Contributory Causes.....	Gross Total for Sales Tax.....	\$.....		
	Outlay for Lot.....			

Cremation	Flowers, \$.....	Palms, \$.....	Matting, \$.....
Certifying Physician <u>Carroll B. Andrews, M.D.</u>	Rental of Tent \$.....	of Temporary Vault \$.....	

His Address	Sonoma, Calif. William C. ...	Rental of Vault, \$..... Temporary Vault, \$..... Opening of Grave or Tomb..... Lining Grave, \$..... Lowering Device, \$..... Casket, \$.....	75.00
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Name of Father. William Sullivan..... Outlay for Shipping Charges.....
His Birthplace Somerset Kentucky..... Clergyman, \$.... Singers, \$.... Organist, \$....
Railroad Tickets, \$..... Aero-
plane Service, \$.....

Maiden Name of Mother.....	Telegr., Phone, Cable or Radio Charges.....
Her Birthplace.....	Cash Advanced.....

Motor Ship } Remains to	Out of town Undertaker's Charges	
Size of Casket .. <i>Laupe</i>	Personal Service .. <i>Buried at Chapel & Home</i>	<i>15.00</i>

Manufactured by <i>Southern</i>	..... line Death Notices in Papers	<i>Examiner</i>	<i>6</i>	<i>6.3</i>
Cemetery <i>1st Cemetery, Saratoga</i>	(Names of Newspapers)	<i>Examiner</i>	<i>4</i>	<i>00</i>

Crematory) *.....*

☒ *.....* Lot No. *.....*

..... Sales Tax *.....*

Index Tribune *258*

6,12

Grave No.....	Total Footing of Bill.....	\$ 577 88
Section No.....	Less 19.65 - 30 days.....	\$ 19 65

Diagram of Lot or Vault Block No. Balance \$ 498.23
 Owner Entered into Ledger, page or below.

Amount Paid		Balance		Date		Amount Paid		Balance	

balance	.....	\$	.....	To Balance Forward	.....	\$	.....
.....	.....	\$	.....	By Payment	.....	\$	.....
.....	\$	" "	\$
.....	\$	" "	\$

.....	\$.....	\$.....		" "	\$.....
.....	\$.....	\$.....		" "	\$.....
.....	\$.....	\$.....	No. 113	" " Jull	\$.....
.....	\$.....	\$.....		" "	\$.....

[illegible]

	"	"	\$.	\$.	"	"	\$.	\$.
	"	"	\$.	\$.	"	"	\$.	\$.

Total No. Yearly No. Date of Entry December 15 1949

Name of Deceased Manuel G. Pavao (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2 Box 719, A Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow Mary

Charge to Mary G. Pavao or of Age of Husband or Wife (if living) Years

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Laborer 565-01-7497 (Social Security Number)

Employer and Address

Date of Death Dec. 15, 1949 10:30 A. (Date) (Hour)

Date of Birth Oct. 15, 1887

Age 62 (Years) (Months) (Days)

Date of Funeral Dec. 19, Mon. 9:30 A. (Date) (Day of Week) (Hour) M.

Services at St. Francis Church

Clergyman (Address)

Religion of the Deceased

Birthplace Azav Island

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician A. K. McGrath M.D. (or Coroner)

His Address Sonoma

Name of Father Joseph Pavao

His Birthplace

Maiden Name of Mother Maria Augusta

Her Birthplace

Motor } Remains to
Ship }

Size of Casket (State Color and Number)

Manufactured by 87

Cemetery } Catholic Cem. Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 220.00

Casket
Burial Vault or Box 15.00 (State Kind)
Embalming Body (Name of Embalmer)
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress Shirt 2.98, Tie 1.00, 24 99 4.07 (State Kind and Color)
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$ 110.00
Door Spray, \$ Gloves, \$ 15.00
Funeral Car, \$ Ambulance, \$ 125.00
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$ 3.75
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot 1 grave 25.00
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb 25.00
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service Mass 15.00
..... line Death Notices in Papers
..... (Names of Newspapers)
Sales Tax 3.75
Total Footing of Bill \$ 307.82
Less 11.75 - 30 days \$ 11.75
Balance \$ 296.07
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

153

Total No. Yearly No. Date of Entry December 19 1949

Name of Deceased Frederick W. Schmidt W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 91- Sonoma ☐ Husband ☐ Wife ☐ Widow Julia
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Olive Cadde

Address Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Rancher no
 (Social Security Number)

Employer and Address

Date of Death Dec. 19, 1949 11 P.
 (Date) (Hour)

Date of Birth May 30, 1863
 (Date)

Age 86 6 19
 (Years) (Months) (Days)

Date of Funeral Dec. 22- Thurs 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Complete Funeral (except outlays)	\$ 323
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	16.50
Hair Dressing, \$	3
Dressing Body, \$	
Underwear, \$	
Suit or Dress	48.50
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 8451

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Bates & Evans Santa Rosa, California Dec. 22 1949

Sonoma, Calif.

Crematorium Services For Frederick Wm Schmidt \$ 45.00

Memorial Section
--including endowment fund deposit--

Urn Chest Sales Tax

Flower Service { Twice Once } Each Week, from to

{ Rental Care } from to Engraving Permit \$ 5.00

Total \$ 45.50

Credits

Received Forty-five and 00/100 Dollars \$ 45.50

Check No. 90-667-1070 Record No. 3789

Present Balance
CALIFORNIA CREMATORIUM
Per B. E. Fries

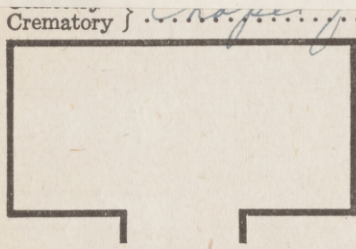


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Sales Tax \$ 4.85

Total Footing of Bill \$ 39.34

Less \$ 16.15

Balance \$ 23.19

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 15 1949

Name of Deceased Manuel G. Pavao W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 719 A Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow Mary
or of } Age of Husband or Wife (if living) Years

Charge to Mary G. Pavao
Address Above

Order given by
(or informant)

How Secured:
If Veteran, State War No

Occupation Laborer 565-01-7497
(Social Security Number)

Employer and Address

Date of Death Dec. 15, 1949 10:30 A.
(Date) (Hour)

Date of Birth Oct. 15, 1887
(Date)

Age 62
(Years) (Months) (Days)

Date of Funeral Dec. 19, Mon. 9:30 A. M.
(Date) (Day of Week) (Hour)

Services at St. Francis Church

Clergyman
(Address)

Religion of the Deceased

Birthplace Agav. I.

Resided in the State
(or U.S.)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician T. K.

His Address Sonoma

Name of Father Josep

His Birthplace

Maiden Name of Mother Ma

Her Birthplace

Motor } Remains to
Ship }

Size of Casket
(State)

Manufactured by 87

Cemetery } Catholic
Crematory }

Diagram of Lot or Vault

Owner

Complete Funeral (except outlays).....	\$	220	-
Casket.....			
Burial Vault or Box.....		15	-
Embalming Body.....			
Barber, \$.....			
Hair Dressing, \$.....			
Dressing Body, \$.....			
Underwear, \$.....			
Suit or Dress <u>Suit 2.98</u> <u>Dec 10 24 99</u>		4	07
(State Kind and Color)			
Slippers, \$.....			
Hose, \$.....			
Folding Chairs, \$.....			
Tarpaulin, \$.....			
Candelabrum, \$.....			
Candles, \$.....			
Door Spray, \$.....			
Gloves, \$.....			
Funeral Car, \$.....			
Ambulance, \$.....			
Limousines to Cemetery.....	@ \$		
Extra Limousines.....	@ \$		
Autos to R. R. Station.....	@ \$		
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			

Sales tax.....		3	25
Total Footing of Bill.....	\$	307	82
Less <u>11.75</u> - 30 days.....	\$	11	75
Balance.....	\$	296	07

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....	\$		To Balance Forward.....	\$	
By Payment.....	\$		By Payment.....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	

Insurance \$.....
Names of Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness
Address

RECORD OF FUNERAL

153

Total No. Yearly No. Date of Entry December 19 1949

Name of Deceased Fredricks W. Schmidt W.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 2 Box 91- Sonoma ☐ Husband ☐ Wife ☐ Widow Julia
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Olive Cadde

Address Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Rancher no
 (Social Security Number)

Employer and Address

Date of Death Dec. 19, 1949 11 P.
 (Date) (Hour)

Date of Birth May 30, 1863
 (Date) (Day of Week)

Age 86 6 19
 (Years) (Months) (Days)

Date of Funeral Dec. 22 Thurs 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttrum
 (Address)

Religion of the Deceased

Birthplace Maryland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community hospital

Cause of Death

Contributory Causes

Certifying Physician Wm. Newman MD
 (or Coroner)

His Address Sonoma, Calif

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 95 H Grey Doe
 (State Color and Number)

Manufactured by Golden State

Cemetery } Chapel of the Chimes SR
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation 45.50
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Buttrum 10 -
Dan. music 7.50
 line Death Notices in Papers
Index Tribune 2.58
 (Names of Newspapers)
 Sales Tax 4.85
 Total Footing of Bill \$ 393.43
 Less 16.15
 Balance \$ 377.28
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 30 1949

Name of Deceased Kenneth Vernal Skinner
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Oldridge Calif. Box 72 ☐ Husband ☐ Wife ☐ Widow } Elsie
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Elsie Skinner

Address Ladies Night Watch, Annex

Order given by Donna State Home
 (or informant)

How Secured

If Veteran, State War No

Occupation Attendant 550-10-4432
 (Social Security Number)

Employer and Address Donna State Home

Date of Death Dec 30, 1949 6:45 A.
 (Date) (Hour)

Date of Birth Aug 9, 1901
 (Date) (Hour)

Age 48
 (Years) (Months) (Days)

Date of Funeral Removal Dec 31 Sat 7 P. M.
 (Date) (Day of Week) (Hour)

Services at Long Beach

Clergyman: (Address)

Religion of the Deceased

Birthplace Idaho

Resided in the State 3 yrs
 (of U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Michael M. Mikita M.D.
 (or Coroner)

His Address Bayes Springs, Calif.

Name of Father Brigham

His Birthplace Gilbe Haraley

Maiden Name of Mother

Her Birthplace

☐ Motor ☐ Ship } Remains to Long Beach

Size of Casket Large
 (State Color and Number)

Manufactured by Stutter Basket Co.

Cemetery Long Beach
 Crematory

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 398

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 1.99

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 5.97

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Fares to Long Beach 35.42 01

..... line Death Notices in Papers 36 85
 (Names of Newspapers)

Sales Tax 5.97

Total Footing of Bill \$ 440.82

Less 19.90 \$ 19.90

Balance \$ 420.92

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

155

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 30 1949

Name of Deceased Kenneth Vernal Skinner
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Oldridge Calif. Box 72 ☐ Husband ☐ Wife ☐ Widow Elsie
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Elsie Skinner

Address Ladies Night Watch, Annex

Order given by Monoma State Home
 (or informant)

How Secured:

If Veteran, State War No

Occupation Attendant 550-10-4432
 (Social Security Number)

Employer and Address Monoma State Home

Date of Death Dec 30 1949 6:45 A
 (Date) (Hour)

Date of Birth Aug 9 1901
 (Date) (Month) (Day)

Age 48
 (Years) (Months) (Days)

Date of Funeral Removal Dec 31 Sat 7 P M.
 (Date) (Day of Week) (Hour)

Services at Long Beach

Clergyman: (Address)

Religion of the Deceased

Birthplace Idaho

Resided in the State 3 yrs
 (of U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes

Certifying Physician Michael M. Mikita M.D.
 (or Coroner)

His Address Bayes Springs Calif

Name of Father Brigham

His Birthplace Gilbe Harsley

Maiden Name of Mother: V

Her Birthplace:

☐ Motor } Remains to Long Beach
☐ Ship

Size of Casket Large
 (State Color and Number)

Manufactured by Stutter Casket Co

Cemetery } Long Beach
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$ 398 -

Casket

Burial Vault or Box (State King?)

Embal

Barber

Dressing

Suit or

Slipper

Folding

Candel

Door S

Funera

Limous

Extra

Autos

Getting

Taking

Trip to

Deliver

Deliver

Remov

Procur

— Cer

Pall Be

Gross T

Outlay

Cremat

Flowers

Rental

Openin

Lining

Outlay

Clergy

Railroad

or Motor

Telegr.

Cash A

Out of

Person

..... lin

Sales T

Total F

Less

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

155

EPHONE 2686

SONOMA, CALIFORNIA

- Henry Daniels -

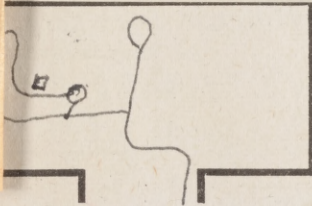


Diagram of Lot or Vault

Lot No.	Sales Tax	11.50
Grave No.	Total Footing of Bill	7.55
Section No.	Less 24.40 - Today's	563.44
Block No.	Balance	24.40
Owner	Entered into Ledger, page or below.	539.04

SIZE 6/6 No. 1909- H.P. Cov. 87

DESCRIPTION: Sabina Pabel & Pillow
Full lined Bianca Cr, Velvet
Eggshell Sr B & Bp

HANDLES:

7300-6x2-Spt. & Nt Hds & Corners

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No.....
Yearly No.....
Date of Entry.....

December 30 1949

Name of Deceased.....
Kenneth Vernal Skinner

☐ Married
☐ Single
☐ Widowed
☐ Divorced

Residence.....
Eldridge Calif Box 172

Charge to.....
Mrs. Elsie Skinner

Address.....
Ladies Night Watch, Annex

Order given by.....
Sonoma State Home

How Secured.....

If Veteran, State War.....
No

Occupation.....
Attendant

Employer and Address.....
Sonoma State Home

Date of Death.....
Dec 30 1949

Date of Birth.....
Aug 9 1901

Age.....
48

Date of Funeral.....

Services at.....
Long B

Clergyman.....

Religion of the Deceased.....

Birthplace.....
Idaho

Resided in the State.....
34

Place of Death.....
No. 11

Cause of Death.....

Contributory Causes.....

Certifying Physician.....

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Remains to.....

Size of Casket.....

Manufactured by.....

Cemetery.....

Crematory.....

Complete Funeral (except outlays).....
\$ 398 -

Casket.....

Burial Vault or Box.....

Embal.....

Barber.....

Dressin.....

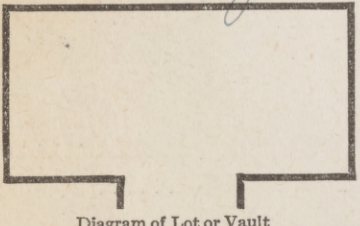
Suit or.....

Slipper.....

Folding.....

Candel.....

Door S.....



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Sales T.....

Total F.....

Less.....

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....		\$.....	To Balance Forward.....		\$.....
By Payment.....	\$.....	\$.....	By Payment.....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....

Insurance \$.....
Names of Lodges.....
Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness.....
Signed.....
Address.....

RECORD OF FUNERAL

155

Total No. Yearly No. Date of Entry January 3 1950
 Name of Deceased Charles Richard Daniels W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: 604 Austin Ave. Sonoma ☐ Husband ☐ Wife ☐ Widow Margaret 46
 Charge to: Margaret Daniels or of } Age of Husband or Wife (if living) Years
 Address: Above
 Order given by (or informant)

W Secured:
 Veteran, State War No
 Occupation Cleaner no
 (Social Security Number)
 Employer and Address
 Date of Death Jan 3, 1950 1:40 P.M.
 (Date) (Hour)
 Date of Birth Feb 28, 1900
 (Date)
 Age of Funeral 49 10 5
 (Years) (Months) (Days)
 Place of Funeral Jan 6 7:00 10:00 A.M.
 (Date) (Day of Week) (Hour)
 Places at: Chapel
 Undertaker: N.S.W. Sonoma
 (Address)
 Religion of the Deceased
 Birthplace Eureka, Calif
 Died in the State Calif
 (or U. S. or City or County) (Years) (Months)
 Cause of Death Home
 Cause of Death:
 Contributory Causes:

Coroner Vernon Silvershield
 (or Coroner)
 Address: Santa Rosa, Calif
 Name of Father Charles Daniels
 Birthplace Italy
 Maiden Name of Mother Mary Garoni
 Birthplace Italy
 Remains to
 Material of Casket metallic cloth
 (State Color and Number)
 Manufactured by S4
 Cemetery Mt. Cemetery Sonoma Calif
 Burial place

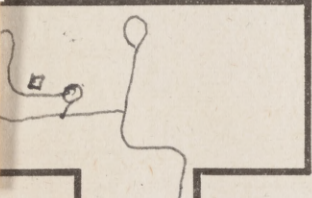


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 473.00
 Casket
 Burial Vault or Box 15.00
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 5.50
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Index Tribune 2.58
N.S.W. Service
 Line Death Notices in Papers
Democrat 4.00
 (Names of Newspapers) Examiner 4.81
Argus Courier 1.50
 Sales Tax 7.55
 Total Footing of Bill \$ 563.44
 Less 24.40 - 30 days \$ 24.40
 Balance \$ 539.04
 Entered into Ledger, page or below.

SIZE 6/6 No. 1909- H.P. Cov. 87

DESCRIPTION: Sabina Pabel & Pillow
Full lined Bianca Cr, Velvet
Eggshell sr B & Bp
 HANDLES: 7300-6x2-spt. & Nt Hds & Corners

Date	Amount Paid	Balance
To Balance Forward	\$	\$
By Payment	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 10 1950

Name of Deceased Justin Coulier
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) French

Residence: Boys' Camp Resort Fethers Springs ☐ Husband ☐ Wife ☐ Widow Genevieve
 Charge to: Mrs. Genevieve Coulier or Age of Husband or Wife (if living) Years

Address: Camp Resort

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Rock Quarry 557-10-1188
 (Social Security Number)

Employer and Address

Date of Death Jan. 10, 1950 9:30 P.M.
 (Date) (Hour)

Complete Funeral (except outlays)	\$ <u>473</u> -
Casket	
Burial Vault or Box	<u>15</u> -
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$

236.50
15
115
450

TELEPHONE 2686

Bates and Evans

Funeral Directors
SONOMA, CALIFORNIA

February

1950

Received from Bates & Evans check for \$100.00, from
Eagles Lodge Aerie No. 333 Petaluma, burial benefit
for Justin Coulier.

Signed

Widow

Mrs Genevieve Coulier

Crematory



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Sales Tax

Total Footing of Bill

Less 24.40 - 30 days

Balance

Entered into Ledger, page or below.

7.80
7.55
583.93
24.40
559.50

Date	Statement	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 25 1950						
SIZE 6/6	No. 1909- H.P.	Cov. 87		To Balance Forward		\$
DESCRIPTION: Sabina Panel & Pillow				By Payment <u>Jan 27 50 In full</u>	\$ 559.50	\$
Full lined Bianca Cr. Velvet				" "		\$
HANDLES: Mosselle Sr B & Bp				" "		\$
7300-6x2-Hdls & Corners				" "		\$
				" "		\$
				" "		\$

COULIER—In Fethers Springs, Calif., Justin Coulier, dearly beloved husband of Mrs. Genevieve Coulier of Fethers Springs; beloved son of Mrs. Marie Saurer of France, and loving stepfather of Mrs. Jess Reinking of Fethers Springs. A native of France, aged 62 years; a member of Eagles Lodge Aerie No. 333, Petaluma, Calif., and Lafayette Club of Sonoma County.

Friends and acquaintances are respectfully invited to attend the funeral services Friday, Jan. 13, at 9:45 a. m. from the Chapel of Bates & Evans in Sonoma, Calif., thence to St. Francis' Church, where a Requiem Mass will be offered for the repose of his soul commencing at 10 o'clock. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Thursday evening at 8 o'clock.

Names of
LodgesInsurance
Companies

eral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

..... % per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry ... January 10 1950

Name of Deceased ... Dennis De Witt Sherrod ... (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence: Box 902 Sonoma ... ☐ Husband ☐ Wife ☐ Widow } or ... of } Age of Husband or Wife (if living) ... Years

Charge to: Mrs. Elizabeth Allee

Address: Verda Vista Rd. Fitters Springs

Order given by: Promised \$20 per mo. between (or informant)

How Secured: 5th & 10th - E. J. Allee P.O. Box 902

If Veteran, State War ... no

Occupation: R.R. man (Social Security Number)

Employer and Address: C.B. & B.R. Casper, Wyo.

Date of Death: Jan. 10, 1950 (Date) 1:30 P. (Hour)

Date of Birth: May 4, 1907

Age: 42 (Years) 8 (Months) 6 (Days)

Date of Funeral: ... M. (Date) (Day of Week) (Hour)

Services at: ...

Complete Funeral (except outlays)	\$ 220 -
Casket	
Burial Vault or Box	15 -
Embalming Body	
Barber, \$.....	Hair Dressing, \$.....
Dressing Body, \$.....	Underwear, \$.....
Suit or Dress 14.50	2.44 14 94
Slippers, \$.....	Hose, \$.....
Folding Chairs, \$.....	Tarpaulin, \$.....
Candelabrum, \$.....	Candles, \$.....
Door Spray, \$.....	Gloves, \$.....
Funeral Car, \$.....	Ambulance, \$.....
Limousines to Cemetery	@ \$.....
Extra Limousines	@ \$.....
Autos to R. R. Station	@ \$.....
Getting Remains from	

Complete Funeral (except outlays).....	\$	220	-
Casket.....			
Burial Vault or Box.....		15	-
(State Kind)			
Embalming Body.....			
(Name of Embalmer)			
Barber, \$.....			
Hair Dressing, \$.....			
Dressing Body, \$.....			
Underwear, \$.....			
Suit or Dress 14.50		14	94
(State Kind and Color)			
Slippers, \$.....			
Hose, \$.....			
Folding Chairs, \$.....			
Tarpaulin, \$.....			
Candelabrum, \$.....			
Candles, \$.....			
Door Spray, \$.....			
Gloves, \$.....			
Funeral Car, \$.....			
Ambulance, \$.....			
Limousines to Cemetery.....	@ \$		
Extra Limousines.....	@ \$		
Autos to R. R. Station.....	@ \$		
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....			
(State Number and District)			
Certif. Copies of Death Certificates No.....			
(State Physician's or Coroner's)			
Pall Bearer Service, \$....			
Use of Chapel, \$.....			
Gross Total for Sales Tax.....	\$		
Outlay for Lot.....			
Cremation.....			
Flowers, \$....			
Palms, \$....			
Matting, \$.....			
Rental of Tent, \$....			
of Temporary Vault, \$.....			
Opening of Grave or Tomb.....		25	00
Lining Grave, \$....			
Lowering Device, \$.....			
Outlay for Shipping Charges.....			
Clergyman, \$....			
Singers, \$....			
Organist, \$.....			
Railroad } Tickets, \$.....			
or Motor } Aero-plane Service, \$.....			
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....		5	00
..... line Death Notices in.....			
Papers.....			
(Names of Newspapers)			
Sales Tax.....		3	15
Total Footing of Bill.....	\$	283	69
Less.....	\$	283	69
Balance.....	\$		
Entered into Ledger, page.....			
or below.....			

[illegible]

J. FEINEMAN. St. Louis, Mo.

3-1-55-	5 ⁰⁰
3-14-55-	5 ⁰⁰
3-18-55-	10-
5-16-55-	10-
10- 2-55	5-

Net 18, 1923 Insurance \$ -
 April 20, 1954 Companies 1 \$ -
 e sufficient resources Legally available to \$ 00
 pay the same within (Firm Name of Funeral Directors.)
 days from date. Interest to accrue from

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 10 1950

Name of Deceased Justin Coulier
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Boys Lazers Resort Fethers Springs ☐ Husband ☐ Wife ☐ Widow Genevieve
 or Age of Husband or Wife (if living) Years

Charge to: Mrs. Genevieve Coulier

Address: Lazers Resort

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Rock Quarry 557-10-1188
 (Social Security Number)

Employer and Address

Date of Death Jan. 10, 1950 9:30 P.M.
 (Date) (Hour)

Complete Funeral (except outlays)	\$ <u>473</u> -
Casket	
Burial Vault or Box	<u>15</u> -
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$

TELEPHONE 2686

Bates and Evans
 Funeral Directors
 SONOMA, CALIFORNIA

February 1950

Received from Bates & Evans check for \$100.00, from
 Eagles Lodge Aerie No. 333 Petaluma, burial benefit
 for Justin Coulier.

Signed
 Widow

Mrs Genevieve Coulier

Crematory



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Sales Tax

Total Footing of Bill

Less 24.40 - 30 days

Balance

Entered into Ledger, page or below.

Jan 25 1950 statement

Date	Amount Paid	Balance	Date	Amount Paid	Balance

SIZE 6/6 No. 1909- H.P. Cov. 87

DESCRIPTION: Sabina Panel & Pillow
 Full lined Bianca Cr. Velvet
 HANDLES: Mosselle Sr B & Bp
 7300-6x2-Hdls & Corners

To Balance Forward	\$
By Payment <u>Jan 27 50 In full</u>	\$ <u>559.50</u>
" "	\$
" "	\$
" "	\$
" "	\$
" "	\$

COULIER—In Fethers Springs, Calif., Justin Coulier, dearly beloved husband of Mrs. Genevieve Coulier of Fethers Springs; beloved son of Mrs. Marie Sauret of France, and loving stepfather of Mrs. Jess Reinking of Fethers Springs. A native of France; aged 62 years; a member of Eagles Lodge Aerie No. 333, Petaluma, Calif., and Lafayette Club of Sonoma County.

Friends and acquaintances are respectfully invited to attend the funeral services Friday, Jan. 13, at 9:45 a. m. from the Chapel of Bates & Evans in Sonoma, Calif., thence to St. Francis' Church, where a Requiem Mass will be offered for the repose of his soul commencing at 10 o'clock. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Thursday evening at 8 o'clock.

Names of
 Lodges

Insurance
 Companies

eral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

..... % per annum.

Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

157

Total No. Yearly No. Date of Entry January 10 1950
 Name of Deceased Dennis W. Witt Sherrod
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Box 902 Sonoma ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years
 Charge to: Mrs. Elizabeth Allee
 Address: Verda Vista Rd. Fitters Springs
 Order given by: Promised \$20. per mo. between
 (or informant)
 How Secured: 5th & 10th - E. J. Allee P.O. Box 902
 If Veteran, State War no
 Occupation: R.R. man
 Employer and Address: C.B. & B.R. Casper, Wyo.
 Date of Death: Jan. 10, 1950 (Date) (Hour)
 Date of Birth: May 4, 1907
 Age: 42 (Years) 8 (Months) 6 (Days)
 Date of Funeral: M. (Date) (Day of Week) (Hour)
 Services at:

Complete Funeral (except outlays)	\$ 220 -
Casket	
Burial Vault or Box	15 -
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress 14.50	14.94
(State Kind and Color)	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	11.00
Funeral Car, \$	
Ambulance, \$	15.00
Limousines to Cemetery @ \$	12.50
Extra Limousines @ \$	3.75
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District)	
Certif. Copies of Death Certificate No.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	25.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service <u>Music Dan Ruggles</u>	5.00
(Reduction because of circumstances)	
line Death Notices in <u>Papers</u>	
<u>Munichian Olanterrell (Swat)</u>	
(Names of Newspapers)	
Sales Tax	3.15
Total Footing of Bill	\$ 283.69
Less	\$ 283.69
Balance	\$
Entered into Ledger, page or below.	

Diagram of Lot or Vault
 Block No.
 Owner.

SIZE	No.	Cov.	Gray Doe	Amount Paid	Balance
6/3	9405-	Slip cap			
DESCRIPTION: <u>Lined Sunray Rd. Pillow Feb 12.50</u>				To Balance Forward	\$
HANDLES: <u>1/2 Doz 382 hds</u>				By Payment	\$ 20.00
Jan 25, 1950 <u>Statement</u>				" <u>act</u>	\$ 20.00
May 29, 1950 <u>Letter</u>				" <u>act</u>	\$ 20.00
Aug 1, 1950				" <u>act</u>	\$ 20.00
Nov 17, 1950				" <u>act</u>	\$ 20.00
Oct 3, 1951				" <u>act</u>	\$ 15.00
May 8, 1953				" <u>act</u>	\$ 5.00
Dec 18, 1953				" <u>act</u>	\$ 5.00
Apr 20, 1954				" <u>act</u>	\$ 5.00
Aug 19, 1954				" <u>act</u>	\$ 5.00
Oct 22, 1954				" <u>act</u>	\$ 5.00
Nov 17, 1954				" <u>act</u>	\$ 5.00
Insurance \$				Insurance Companies	\$ 5.00
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to				(Firm Name of Funeral Directors.)	\$ 5.00
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within				days from date.	Interest to accrue from
maturity at the rate of % per annum.					
Witness				Signed	
				Address	

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 10 1950

Name of Deceased Justin Paulier
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Port Dazez Resort, Tetters Springs ☐ Husband ☐ Wife ☐ Widow } Heneviese
or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Genevieve Soulier

Address..... Cases Resort

Order given by..... (or informant)	Casket.....	
	Burial Vault or Box..... (State Kind)	1.50 -

How Secured:	Embalming Body	(State and) (Name of Embalmer)
------------------------	--------------------------	-----------------------------------

If Veteran, State War No : Barber, \$..... Hair Dressing, \$.....

Occupation Rock Quarry 557-10-1188 Dressing Body, \$..... Underwear, \$.....
(Social Security Number) Suit or Dress.....

Employer and Address Slippers, \$ (State Kind and Color) Hose, \$ 236

Date of Death Jan 10, 1950 9:30 P.M.
(Date) (Hour)

Birth. April 12, 1887

(Years)	(Months)	(Days)	Funeral Car, \$.....	Ambulance, \$.....
			Limousines to Cemetery.....@ \$.....	

Funeral	Jan 13 -	10.9	M.	Extra Limousines	@ \$	
(Date)	(Day of Week)	(Hour)		Autos to R. R. Station	@ \$	

at <i>St. Francis Church</i>	Getting Remains from:	
	Taking Remains to	

Name of the Deceased (Address) City of the Deceased	Taking Account of Trip to Coroner's Inquest Delivering Pay to
---	---

Delivering Box to
Deliver Flowers to

in the State.....	Removal Charges.....	
(or H. S. or City or County) (Years) (Months)	Procuring Burial Permit.....	4 00

f Death. Home —Certif. Copies of Death Certificates No.
(State Number and District) (State Physician's or Coroner's)

of Death	Acute Coronary Artery Disease	Pall Bearer Service, \$....	Use of Chapel, \$....		
		Gross Total for Sales Tax		\$	

utory Causes.....	Gross Total for Sales Tax.....	\$	
	Outlay for Lot:.....		

Placing in Great Hall	Cremation		
	Flowers, \$.....	Palms, \$.....	Matting, \$.....

ing Physician, <i>John A. Newell, M.D.</i>	Rental of Tent, \$ of Temporary Vault, \$
<i>Dr. J. A. Newell</i> (or Coroner)	Opening of Grave or Tomb

of Father: <u>Unknown</u>	Lining Grave, \$.....	Lowering Device, \$.....	<u>55.00</u>
	Outlay for Shipping Charges		

<p>thplace.....</p>	<p>Outlay for Shipping Charges.....</p> <p>Clergyman, \$..... Singers, \$..... Organist, \$.....</p> <p>Railroad.....</p>
---------------------	---

Name of Mother.....		or Motor		Tickets, \$.....	Service, \$.....
		Telegr..		Phone, Cable or Radio Charges.....	

Birthplace.....	Cash Advanced.....
	Out of town Undertaker's Charges.....

Remains to	Out of town Undertaker's Charges	
Sept 19, 1909 - Cor \$77	Personal Service	Mass. 15.00

...line Death Notices in... Papers...

IV	{	Mt. Com. Sosoma, Calif.	Democrat	4 00
LIBRARY			(Names of Newspapers)	Indes Tribune	2 58

Lot No.

Grave No.

Section No.
Less. 24.40 - 30 days. \$ 24.40

Block No.....	Balance.....\$	559	50
Owner.....			

Diagram of Lot or Vault Entered into Ledger, page or below.

Date	Description	Amount Paid	Balance
Jan 25, 1950	Statement		

Date	Description	Amount Paid	Balance	Date	Description	Amount Paid	Balance
					To Balance Forward		

SIZE	6/6	No.	1909- H.P.	Cov.	87	10 Balance forward	\$.	\$.
						By Payment	\$.	\$.

DESCRIPTION:	Sabina Panel & Pillow	Jan 27, 50	In	Jul	\$559.50	\$
--------------	-----------------------	------------	----	-----	----------	----

Full lined Bianca Cr.Velvet		"	"	\$.	\$.
		"	"	"	"

HANDLES:	Mosselle Sr B & Bp					\$.	\$.	\$.	\$.
				"	"	\$.	\$.	\$.	\$.
						\$.	\$.	\$.	\$.

7300-6x2-Hdls & Corners			"	"	\$.	\$.
-------------------------	--	--	---	---	-----	-----

COULIER—In Feters Springs, Calif., Justin Coulier, dearly beloved husband of Mrs. Genevieve Coulier of Feters Springs;	\$.	\$.			"	"	\$.	\$.
Names of								Insurance

Beloved son of Mrs. Marie Sauret of France, and loving stepfather of Mrs. Jess Reinking of Fettes Springs. A native of France; aged 62 years; a

member of Eagles Lodge Aerie No. 333, Petaluma, Calif., and Lafayette Club of Sonoma County, _____, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from _____

..... % per annum.

Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

157

Total No. Yearly No. Date of Entry January 10 1950
 Name of Deceased Hennis De Witt Sherrod
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Box 902 Panama ☐ Husband ☐ Wife ☐ Widow
 or of } Age of Husband or Wife (if living) Years
 Charge to: Mrs. Elizabeth Allen
 Address: Verda Vista Rd. Fellers Springs
 Order given by: Promised \$20. per mo. between
 How Secured: 5th & 10th - E. J. Allen P.O. Box 902
 If Veteran, State War na
 Occupation R.R. man (Social Security Number) na
 Employer and Address C.B. & R.R. Casper, Wyo.
 Date of Death Jan. 10, 1950 (Date) 12:30 P. (Hour)
 Date of Birth May 4, 1907 (Date) 4 (Years) 8 (Months) 6 (Days)
 Age
 Date of Funeral M.
 (Date) (Day of Week) (Hour)
 Services at:

Complete Funeral (except outlays) \$ 220 -
 Casket
 Burial Vault or Box \$ 1.50 -
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 1.45 2.44 14.94
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Music - Dan Ruggles \$ 5.00
Reduction because circumstances
 ... line Death Notices in Papers
Minister Olanterrell (P.O. Box)
 (Names of Newspapers)
 Sales Tax \$ 3.15
 Total Footing of Bill \$ 283.69
 Less \$ 283.69
 Balance \$
 Entered into Ledger, page or below.

536 31
 26.80

Diagram of Lot or Vault Block No. Owner
 Entered into Ledger, page or below.

SIZE	No.	Cov.	Gray Doe	Amount Paid	Balance
6/3	9405-	Slip cap			
DESCRIPTION:	Lined Sunray Rd. Pillow	Feb 12, 50			
HANDLES:	1/2 Doz 382 hals	Aug 1, 1950	on acct m. allie	\$ 20.00	
		Nov 17, 1950	on acct	\$ 20.00	
		Oct 3, 1951	on acct	\$ 15.00	
		May 8, 1953	" "	\$ 5.00	\$ 100

Insurance \$ Names of Lodges
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness
 Signed
 Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 14 1950

Name of Deceased James J. Dunn
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Islen Ellen Calif
☐ Husband ☐ Wife ☐ Widow Mildred
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Mildred Dunn

Address Above

Order given by (or informant)

How Secured

If Veteran, State War # 1-

Occupation Retired. Manner 564-22-0633
 (Social Security Number)

Employer and Address

Date of Death Jan 14, 1950 4:15 P.M.
 (Date) (Hour)

Date of Birth May 6, 1884
 (Date) (Day of Week) (Hour)

Age 65 8 8
 (Years) (Months) (Days)

Date of Funeral Jan 17 Tue 11 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Jack London Post # 489
 (Address)

Religion of the Deceased Prod.

Birthplace Ireland

Resided in the State 30 years State
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Dr. Dunn
 (or Coroner)

His Address Santa Rosa Calif

Name of Father Joseph J. Dunn

His Birthplace Ireland

Maiden Name of Mother Mary Quinn

Her Birthplace Ireland

Remains to
 of Casket 1909 - Cor 87
 (State Color and Number)

Manufactured by Golden Gate National Cem

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 4.88

Casket

Burial Vault or Box 20
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)

— Certif. Copies of Death Certificate No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero- plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Mrs. Dunn 1.50
 line Death Notices in Papers
Index Tribune 2.58
 (Names of Newspapers)

Sales Tax 7.92

Total Footing of Bill \$ 526.00

Less 25.40 - 30 days \$ 25.40

Balance \$ 500.60

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$ <u>350.60</u>	\$
<u>1/21/50</u> <u>Filed with Gov</u>	\$	\$	<u>Jan 18, 50</u>	\$ <u>1.50</u>	\$
"	\$	\$	<u>Mar 1</u>	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed
 Address

Witness

159

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 14 1950Name of Deceased James J. Dunn
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)Residence: 1515 Ellen, Calif. ☐ Husband ☐ Wife ☐ Widow Mildred
or of Age of Husband or Wife (if living) YearsCharge to Mrs. Mildred Dunn
Address Above

Order given by (or informant)

How Secured:

If Veteran, State War # 1-Occupation Retired Miner 564-22-0633
(Social Security Number)

Employer and Address

Date of Death Jan 14, 1950 4:15 P.M.
(Date) (Hour)Date of Birth May 6, 1884
(Date)Age 65 8 8
(Years) (Months) (Days)Date of Funeral Jan 17 Tue 11 A.M.
(Date) (Day of Week) (Hour)Services at ChapelClergyman Jack London Post # 489
(Address)Religion of the Deceased Prod.Birthplace IrelandResided in the State 30 years
(or U. S. or City or County) (Years) (Months)Place of Death Home

Cause of Death:

Contributory Causes:

Certifying Physician H. W. Harr
(or Coroner)His Address Santa Rosa, Calif.Name of Father Joseph J. DunnHis Birthplace IrelandMaiden Name of Mother Mary DunnHer Birthplace Ireland

Remains to

Color of Casket 190.9 - Cor 87
(State Color and Number)Manufactured by Soldier Gate National Cem.

Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 4.88

Casket

Burial Vault or Box 20

Embalming Body (State Kind)

Barber, \$ (Name of Embalmer)

Dressing Body, \$ Hair Dressing, \$ 2.44Suit or Dress Underwear, \$ 2.00

Slippers, \$ (State Kind and Color)

Folding Chairs, \$ Hose, \$ 2.64Candelabrum, \$ Tarpaulin, \$ 2.30Door Spray, \$ Candles, \$ 1.92Funeral Car, \$ Gloves, \$ 7.92Limousines to Cemetery Ambulance, \$ 7.92Extra Limousines @ \$ 7.92Autos to R. R. Station @ \$ 7.92

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificate

Pall Bearer Service, \$ Use of (State Number)

Gross Total for Sales Tax

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ M

Rental of Tent, \$ of Temporar

Opening of Grave or Tomb

Lining Grave, \$ Lowering I

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ C

Railroad } Tickets, \$ Aero-
or Motor } plane

Telegr., Phone, Cable or Radio C

Cash Advanced

Out of town Undertaker's Charg

Personal Service

..... line Death Notices in

..... (Names of Newspapers)

Sales Tax

Total Footing of Bill

Less 25.40 - 30 da

Balance

Entered into Ledger, page

Date	Amount Paid	Balance	Date
To Above Balance	\$	\$	To Balance Forward
By Payment	\$	\$	By Payment
" "	\$	\$	" "
" "	\$	\$	" "
" "	\$	\$	" "
" "	\$	\$	" "
" "	\$	\$	" "
" "	\$	\$	" "
" "	\$	\$	" "
" "	\$	\$	" "

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

159

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance	\$			To Balance Forward	\$	
	By Payment	\$			By Payment	\$	
	Silver held - 12 5/50	\$			" "	\$	
	" "	\$		March 11	Goverment	\$ 150 -	
	ment. Papers sent to run to be signed - 12 25/50	\$		11	In "file"	\$ 322 58	
31, 1950	Filed With Govt ment	\$ -		26	Vernor Silver held	\$	
	" "	\$			" "	\$	
	" "	\$			" "	\$	

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 15 1950
 Name of Deceased Henry Harley Arnold
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Arnold Ranch, Sonoma ☐ Husband ☐ Wife ☐ Widow } Eleanor
 Charge to Mrs. Eleanor Arnold or of } Age of Husband or Wife (if living) Years
 Address Above
 Order given by (or informant)
 How Secured :
 If Veteran, State War # 1 & 2
 Occupation U.S. Air Forces (Social Security Number)
 Employer and Address U.S. Government
 Date of Death Jan. 15, 1950 7:25 A. (Date) (Hour)
 Date of Birth June 25, 1886 (Date) (Hour)
 Age 63 (Years) (Months) (Days)
 Date of Funeral Jan. 19, 1950 2 P. M. (Date) (Day of Week) (Hour)
 Services at Washington, D.C.
 Clergyman : (Address)
 Religion of the Deceased

Complete Funeral (except outlays)	\$ 592 -
Casket	
Burial Vault or Box	60 -
Embalming Body	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress	
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Extra Limousines @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from :	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	

Received of Bates & Evans
2 c/o Henry Harley Arnold
4955-111
\$ 502
Erwhite
 912 Jan 16 1950

nit. (State Number and District)
 ath Certificates No. (State Physician's or Coroner's)
 Use of Chapel, \$.....
 Tax..... \$.....
 s, \$..... Matting, \$.....
 of Temporary Vault, \$.....
 Tomb.....
 Lowering Device, \$.....
 Charges.....
 ngers, \$..... Organist, \$.....
 Aero-plane Service, \$.....
 e or Radio Charges.....

Her Birthplace San Francisco Out of California
 Motor Erskine Pillsbury & Sully

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

January 17, 1950

Received from Bates & Evans Funeral Directors,
 Military Aviators pin, belonging to
 General Henry Harley Arnold (Deceased)

Signed..

Wm. B. Howard
1st Lt USAF

Pictures in Chapel Authorized by - Cal O'Neill
 Hamilton yeld

Thru Orders of Cal Chesley -
 May 8/50 Letter to Attorney

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 15 1950

Name of Deceased Henry Harley Arnold
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Arnold Ranch, Sonoma
☐ Husband ☐ Wife ☐ Widow } Eleanor
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Eleanor Arnold

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War #1 & 2

Occupation U.S. Air Forces (Social Security Number)

Employer and Address U.S. Government

Date of Death Jan 15 1950 7:25 A
 (Date) (Hour)

Date of Birth June 25 1886
 (Date) (Month) (Day)

Age 63
 (Years) (Months) (Days)

Date of Funeral Jan 19 1950 3 P. M.
 (Date) (Day of Week) (Hour)

Services at Washington, D.C.

Clergyman: (Address)

Religion of the Deceased

Birthplace Pennsylvania

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Homer

Cause of Death Myocardial infarct

Contributory Causes Coronary Artery Disease

Attending Physician Robert L. Dollenhaver (or Coroner)

Address Sonoma, Calif

Name of Father Dr. Herbert A. Arnold

Birthplace Penn

Maternal Name of Mother Louisa Harley

Her Birthplace Penn

Motor Vehicle

Complete Funeral (except outlays)	\$ 592. -
Casket	
Burial Vault or Box	60. -
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from:	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$
Outlay for Lot:	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor } Tickets, \$	Aero-plane Service, \$
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of	

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

January 17, 1950

Received from Bates & Evans Funeral Directors,
 Military Aviators pin, belonging to
 General Henry Harley Arnold (Deceased)

Signed

Pictures in Chapel Authorized by - Cal O'Neill
 Hamilton yeld

Thru Orders of Cal Chesley -

May 8/50 Letter to Attorney

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 15 1950

Name of Deceased Henry Harley Arnold
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Arnold Ranch, Sonoma ☐ Husband ☐ Wife ☐ Widow Eleanor
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Eleanor Arnold

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War # 1 & 2

Occupation U.S. Air Forces, U.S.
 (Social Security Number)

Employer and Address U.S. Government

Date of Death Jan 15, 1950 7:25 P.
 (Date) (Hour)

Date of Birth June 25, 1886
 (Years) (Months) (Days)

Age 63

Date of Funeral Jan 19, 1950 3 P.
 (Date) (Day of Week) (Hour)

Services at Washington, D.C.

Clergyman: (Address)

Religion of the Deceased

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death myocardial infarct

Contributory Causes Coronary Artery Disease

Certifying Physician Robert L. Moller, M.D.
 (or Coroner)

Address Sonoma, Calif.

Name of Father Dr. Herbert A. Arnold

Birthplace Penn.

Given Name of Mother Louisa Harley

Her Birthplace Tenn.

Remains to
 Casket Caucasian Polished
 (State Color and Number)

Constructed by Hollingshead
Arlington National Wash. D.C.

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 592 -

Casket
 Burial Vault or Box \$ 60 -
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)

Cert. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax Out of State
 Total Footing of Bill \$ 654 -
 Less 22.60 30 days \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance Companies

by authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 at the rate of % per annum.

Signed

Address

161

SIZE	No.	1/9/50	Cov.	379	Date	Amount Paid	Balance
DESCRIPTION:	Stephen of Sunray Ordered					To Balance Forward...	\$.
	M B & Bp					By Payment...	\$.
HANDLES:	4415/3x0-Hals					" " Feb 20 50	\$.
	Feb. 1, 1950 " Statement					" " In full	\$ 401.00
	" " "					" " "	\$.
	" " "					" " "	\$.
	" " "					" " "	\$.
	" " "					" " "	\$.

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 16 1950

Name of Deceased Henrietta Miller
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence Sanoma Vista - Riverside Dr
☐ Husband ☐ Wife ☐ Widow or of Age of Husband or Wife (if living) Years

Charge to: Frank Regas
 Address: above Rt 1 B 274 Sonoma

Order given by: guaranteed not over 300
 How Secured: L.C. Keading - 2608 Tulare Ave El Centro, Cal
 If Veteran, State War no
 Occupation at home (Social Security Number) no

Employer and Address
 Date of Death Jan 16, 1950 (Date) 7 P.M. (Hour)
 Date of Birth Jan 17, 1853
 Age 96 (Years) 11 (Months) 29 (Days)
 Date of Funeral Jan 20, 1950 (Date) 3 (Day of Week) 2 P.M. (Hour)
 Services at Chapel
 Clergyman Olson Terrell (Address)
 Religion of the Deceased
 Birthplace Missouri
 Resided in the State (or U.S. or City or County) (Years) (Months)
 Place of Death Sonoma County Hospital
 Cause of Death
 Contributory Causes

Certifying Physician Dr. A. K. McGrath (or Coroner)
 His Address Sonoma, Calif
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor Ship } Remains to
 Size of Casket Grey Doe (State Color and Number) 87
 Manufactured by: 87
 Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 220
 Casket
 Burial Vault or Box (State Kind) 15
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Minister Terrell 10
 line Death Notices in Papers
 (Names of Newspapers) Index Tribune 258
 Sales Tax 375
 Total Footing of Bill \$ 312 33
 Less 11.75 30 days \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE 6/3	No. 9405 Slip Cap	Cov. Gray Doe	To Balance Forward		\$
DESCRIPTION: Lined rd pillow set sunray			By Payment		\$
1/18/50 ordered (2)	WMB & BP				\$
HANDLES: 1/4 Doz #382 Spt Handles					\$
					\$
					\$
					\$
					\$
					\$

Feb 1, 1950 Statement
 Aug 31, 1950 Filed with Sheriff
 Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Taken in December
Sales Tax 163

Total No. Yearly No. Date of Entry Dec 28 1949.
 Name of Deceased Charles F. Vogt
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W
 Residence 221 Walnut St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Mary
 Charge to Mrs. Ruth E. Howell or of } Age of Husband or Wife (if living) Years
 Address
 Order given by (or informant)
 How Secured
 If Veteran, State War no
 Occupation Rancher none (Social Security Number)
 Employer and Address
 Date of Death Dec 28, 1949 4:15 PM (Date) (Hour)
 Date of Birth Dec 19
 Age 73 0 9 (Years) (Months) (Days)
 Date of Funeral Dec 30, 1949 7 AM (Date) (Day of Week) (Hour)
 Services at Chapel of the Chimes
 Clergyman (Address)
 Religion of the Deceased
 Birthplace Calif

Complete Funeral (except outlays) \$ 398 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to

Phone 5503 Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8470

RECEIVED FROM M Bates & Evans Santa Rosa, California Dec 30 1949
Sonoma, Rev. Wm. Welch
 Crematorium Services For Charles F. Vogt
 Memorial Section
 --including endowment fund deposit--
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Rental } { Care } from to Engraving Permit ☒
 Total
 Credits
 Received Fifty five and 57.00 Dollars
 Check No. 90-667-1076 Record No. 3799
 Present Balance
 CALIFORNIA CREMATORIUM
 Per Burnett & Jones

Section No.
 Block No.
 Owner
 Diagram of Lot or Vault
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Taken in December
Sales Tax 163

Total No. Yearly No. Date of Entry Dec 28 1949.

Name of Deceased Charles F. Vogt W
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)

Residence: 221 Walnut St. Sanoma ☐ Husband ☐ Wife ☐ Widow } Mary
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Ruth E. Howell

Address

Order given by. (or informant)

How Secured

If Veteran, State War no

Occupation Rancher none
 (Social Security Number)

Employer and Address

Date of Death Dec 28, 1949 4:15 PM
 (Date) (Hour)

Date of Birth Dec 19
 (Date)

Age 73 0 9
 (Years) (Months) (Days)

Date of Funeral Dec 30, 1949 7 AM 119 M.
 (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes SR

Clergyman

Religion of the Deceased

Birthplace Calif

Resided in the State Life
 (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Attending Physician Robert L. Mollenhauer
 (or Coroner)

Address Sanoma, Calif

Name of Father Christian Vogt

Birthplace

Given Name of Mother Sophia Hanloser

Birthplace

Remains to

Color of Casket Taupe
 (State Color and Number)

Manufactured by Jutten Casket Co.

Funeral Home Chapel of the Chimes SR

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 398 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 199
3

Dressing Body, \$ Underwear, \$ 5.97

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot 45 50

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service minutes 10 -

Line Death Notices in Index Tribune Democrat
 (Names of Newspapers) 4 00

Sales Tax 5 97

Total Footing of Bill \$ 463 47

Less \$ 20 47

Balance \$ 443 -

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment <u>Jan 18, 50</u> <u>443</u> -	\$
	" "	\$		" " <u>Jan full</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 16 1950

Name of Deceased John Ludwig Archib
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Rt 2 Box 234 Sonoma Cal ☐ Husband ☐ Wife ☐ Widow Anna
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Myrtle Van Dolen

Address Albion

Order given by (or informant)

How Secured: (State Kind)

If Veteran, State War No.

Occupation Bus. Sender 559-10-4364
 (Social Security Number)

Employer and Address

Date of Death Jan. 16, 1950 8:20 P.
 (Date) (Hour)

Date of Birth August 8, 1876
73

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 16.50

Folding Chairs, \$ Tarpaulin, \$ 3

Candelabrum, \$ Candles, \$ 48.50

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 8534

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Batis & Evans Santa Rosa, California Jan. 19, 1950
Sonoma, Calif.

Crematorium Services For John Ludwig Archib 45.00

Memorial Section
--including endowment fund deposit-- Tier No.

Urn Chest Sales Tax 45.50

Flower Service { Twice } Each Week, from to
 { Once }

{ Rental } from to Engraving Permit 50
 { Care }

Total 45.50

Credits

Received Forty-five and 00/100 Dollars 45.50

Check No. 90-667 Record No. 3877 Present Balance
 CALIFORNIA CREMATORIUM 45.50
 Per 6-2-7-10

49.50 - 35
\$ 100
D Campbell
 Silsons 700

Sonoma County Health Department

Grave No. Total Footing of Bill \$ 393.62

Section No. Less 15.15 16.15 30 days \$ 16.15

Block No. Balance \$ 377.47

Owner Entered into Ledger, page or below.

Diagram of Lot of Vault Feb 1950 Statement

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE <u>6/8</u>	No. <u>9525- H.P.</u>	Cov. <u>237</u>	To Balance Forward		
DESCRIPTION: <u>Pebble Panel & Pillow</u>			By Payment		
<u>1/19/50 Ordered</u>	<u>1 Lined Sunray</u>		<u>Feb 8, 1950</u>	<u>377.47</u>	
HANDLES: <u>4415/3x0-4als</u>					

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

165

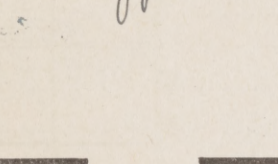


Diagram of Lot or Vault

[illegible]

Insurance \$. Names of
Lodges. Insurance
Companies.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Signed

Witness..... Address.....

165

[illegible]

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.

Yearly No.

Date of Entry January 16 1950

Name of Deceased John Ludwig Archibut

☐ Married ☐ Single ☐ Widowed ☐ Divorced

(What Race)

Residence Rt 2 Box 234 Sanoma Cal

☐ Husband ☐ Wife ☐ Widow

Age of Husband or Wife (if living) Years

Charge to Mrs Myrtle Van Dollen

Address above

Order given by

(or informant)

How Secured

If Veteran, State War No.

Occupation Bus Driver 559-10-4364

(Social Security Number)

Employer and Address

Date of Death Jan 16 1950 8:20 P

(Date) (Hour)

Date of Birth August 8 1876

(Years) (Months) (Days)

Funeral Jan 19 1950 1:30 P M

(Date) (Day of Week) (Hour)

Chapel

Hermania Hamm 8340 Rm

(Address)

the Deceased

Hermania

the State 48

(or U. S. or City or County) (Years) (Months)

Death Home

Death Coronary Thrombosis

ry Causes

Physician W. H. Price M.D.

(or Coroner)

Sanoma, Cali

ather

Unknown

lace

me of Mother

lace

nains to

ket 954

(State Color and Number)

red by Golden State

Chapel of the Chimes S.R.

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box

(State Kind)

Embalming Body

(Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress

(State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

(State Number and District)

Certif. Copies of Death Certificates No.

(State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation 45.50

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-

or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers 7.50

(Names of Newspapers)

Indy. Ex-aminer 2.00

Sales Tax 3.58

Total Footing of Bill \$ 393.62

Less 16.15 30 days \$ 16.15

Balance \$ 377.47

Entered into Ledger, page or below.

Diagram of Lot of Vault

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 23 1950

Name of Deceased Shadys Viana Martin
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) George

Residence George Martin
 Charge to: George Martin
 Address Rt. 11 Box 50
 Order given by: (or informant)
 How Secured:
 If Veteran, State War No
 Occupation At home none
 Employer and Address
 Date of Death Jan. 23, 1950 3:25 PM
 Date of Birth Nov. 9, 1897
 Age 52 2 14
 Date of Funeral Jan. 25 Wed 1 P. M.
 Services at Chapel
 Clergyman
 Religion of the Deceased
 Birthplace California
 Resided in the State
 Place of Death Donoma Community Hospital
 Cause of Death Carcinoma of left breast
 Contributory Causes
 Certifying Physician Robert L. Mollenhauer M.D.
 His Address Donoma, Calif.
 Name of Father Thomas Beris
 His Birthplace
 Maiden Name of Mother Melissa Crawford
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket Grey 6 7
 Manufactured by: S. F.
 Cemetery } Donoma
 Crematory } Santa Rosa

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 3.23
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Terrell 10.00
Mrs. Sneed music 5.00
 line Death Notices in Papers
Press Democrat 4.00
Valley Times Herald 3.00
 Sales Tax 4.85
 Total Footing of Bill \$ 349.85
 Less 16.15 Cash 30 days \$
 Balance \$
 Entered into Ledger, page or below.

SIZE	No.	Cov.	Amount Paid	Balance
6/3	9389	387 378		
DESCRIPTION:			To Balance Forward	
HANDLES:			By Payment	
Stephen of Sunray				
M B & Bp				
7400-3x0-Hd1s				
Next Payment in about 6 mo				
Statement Jan 27 '49				

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

167

Total No. Yearly No. Date of Entry January 29 1950

Name of Deceased Marcia Mildred Warren
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 200 France St Sonoma ☐ Husband ☐ Wife ☐ Widow Bruce
 or of Age of Husband or Wife (if living) Years

Charge to: Bruce Warren

Address: Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation at home no (Social Security Number)

Employer and Address

Date of Death Jan. 29, 1950 4:10 P.
 (Date) (Hour)

Date of Birth Nov. 17, 1882
 (Date) (Month) (Day)

Age 67
 (Years) (Months) (Days)

Date of Funeral Feb. 1, 1950 wed 2:30 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Eastern Star Sonoma
 (Address)

Religion of the Deceased

Birthplace Calif.

Resided in the State 40 yrs
 (or U.S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death myocardial failure

Contributory Causes Cerebral hemorrhage
Arteriosclerosis

Certifying Physician A. R. McGrath M.D.
 (or Coroner)

His Address Sonoma, Calif.

Name of Father Daniel Bulchard

His Birthplace

Maiden Name of Mother Josephine Broddus

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket metal 2' c.
 (State Color and Number)

Manufactured by Sound Casket Co.

Cemetery } Int. Cem. Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 740 -

Casket
 Burial Vault or Box (State Kind) 15 -

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$ 375

Suit or Dress (State Kind and Color) 15

Slippers, \$ Hose, \$ 390

Folding Chairs, \$ Tarpaulin, \$ 3

Candelabrum, \$ Candles, \$ 1170

Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District) 100

___ Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot Plot Copied 1500

Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 60

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Music Mrs. Ineed 750

line Death Notices in Papers
Adams 481
Index Tribune 258

Sales Tax 1170

Total Footing of Bill \$ 91759

Less 3775 - 30 days \$ 3775

Balance \$ 87984

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>Feb 4, 1950</u>	By Payment	<u>\$87984</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. Yearly No. Date of Entry January 29 1950

Name of Deceased Marie Guadalupe
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2017 San Antonio Las Bajas ☐ Husband ☐ Wife ☐ Widow John
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Augustine Miller

Address Phoebe Andover 1-7012

Order given by 2707 Montana St. Oakland
 (or informant)

How Secured:

If Veteran, State War no

Occupation at home
 (Social Security Number)

Employer and Address

Date of Death Jan. 29, 1950 29 M.
 (Date) (Hour)

Date of Birth May 3, 1871
 (Date) (Hour)

Age 79
 (Years) (Months) (Days)

Date of Funeral Feb. 3, 1950 Fri 11 A. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman C.C. Champlin Sonoma
 (Address)

Religion of the Deceased French

Complete Funeral (except outlays) \$ 180 -

Casket 15 -

Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

GEORGE W. MURPHY
 MORTUARY
 2312 CENTRAL AVENUE
 NEAR PARK STREET
 PHONE LA 2-2787

Alameda, California, Jan 31 1950

Received of Bates & Evans \$ 55.00
For Embalming & service of Mrs Guadalupe

GEORGE W. MURPHY

By J. G. Clark

Manufactured by A. F.
 Cemetery Mt. Cemetery Sonoma
 Crematory

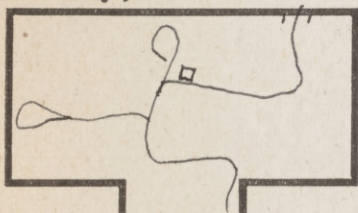


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

..... line Death Notices in Index Papers 18.00

..... man in flowers 15.00

..... Coroner's office 5.00

..... Charges at Ryals funeral home 3.15

Sales Tax 273.65

Total Footing of Bill \$ 273.65

Less \$

Balance \$

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

169

Total No. Yearly No. Date of Entry January 3 1950

Name of Deceased Harry George Borden
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: not known ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: County of Sonoma

Address.....

Order given by..... (or informant)

How Secured:

If Veteran, State War unknown

Occupation laborer (Social Security Number)

Employer and Address

Date of Death January 3, 1950 found 11:40 A.M.
 (Date) (Hour)

Date of Birth August 1896
 (Date) (Month) (Days)

Age 53
 (Years) (Months) (Days)

Date of Funeral Feb 3, Fri 12 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel of the Chimes

Clergyman:

Complete Funeral (except outlays) \$ 50 -

Casket.....

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from Neasseta Santa Rosa 10 -

Taking Remains to

Trip to Coroner's Inquest

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8566

RECEIVED FROM M Gunnar Evans Santa Rosa, California, Feb 3 1950

Sonoma, Calif

Crematorium Services For Harry George Borden 15 00

Memorial Section --including endowment fund deposit-- Tier No.

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to
 { Once }
 { Rental } from to Engraving Permit

Total 15 00

Credits

Received Fifteen and no 100 Dollars 15 00

Present Balance

CALIFORNIA CREMATORIUM

Check No. 90-667-1156 Record No. 3843 Per G. B. Foster

Grave No. Sales Tax 75 -

Section No. Total Footing of Bill 75 75

Block No. Less

Owner

Balance

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Feb 4, 1950	To Above Balance	\$.....	Feb 20, 1950	To Balance Forward	\$.....
	By Payment	\$.....		By Payment	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of% per annum.

Signed.....

Address.....

Witness.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 29 1950

Name of Deceased Marie Swadlow
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 2017 San Antonio Las Batas ☐ Husband ☐ Wife ☐ Widow John
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Augustine Siler

Address Phoebe Andover 1-7012

Order given by 2707 Montana St. Oakland
 (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number)

Employer and Address

Date of Death Jan. 29, 1950 29.00
 (Date) (Hour)

Date of Birth May 3, 1871
 (Date) (Hour)

Age 79 (Years) (Months) (Days)

Date of Funeral Feb. 3, 1950 11.00 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman C. C. Champlin, Sonoma
 (Address)

Religion of the Deceased French

Birthplace

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death Las Batas, Calif.

Cause of Death

Contributory Causes

Attending Physician W. W. Nicholson
 (or Coroner)

Address Alameda, Calif.

Place of Birth Las Bajas

Name of Mother Not known

Place of Birth

Remains to

Casket (State Color and Number)

Manufactured by A. J.

Cemetery } Mt. Cemetery, Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 180 -
 Casket \$ 15 -
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 40 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Champlin \$ 10 -
 line Death Notices Index Papers \$ 15.00
 flowers \$ 5.00
 Charges at Regal Funeral Home, Berkeley \$ 3.15
 Sales Tax
 Total Footing of Bill \$ 273.65
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

169

Total No. Yearly No. Date of Entry January 3 1950

Name of Deceased Harry George Borden (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: not known or County of Sonoma of Age of Husband or Wife (if living) Years

Charge to: County of Sonoma

Address:

Order given by: (or informant)

How Secured:

If Veteran, State War: Unknown

Occupation: Laborer (Social Security Number)

Employer and Address:

Date of Death: January 3, 1950 found 11:40 A.M. (Date) (Hour)

Date of Birth: August 1896 (Date) (Day of Week) (Hour)

Age: 53 (Years) (Months) (Days)

Date of Funeral: Feb. 3, 1950 (Date) (Day of Week) (Hour) 6:20 P.M.

Services at: Chapel of the Chimes

Clergyman: (Address)

Complete Funeral (except outlays) \$ 50.-

Casket.....

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress..... (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from Massachusetts State Prison \$ 10.-

Taking Remains to

Trip to Coroner's Inquest

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Ernest Evans Santa Rosa, California Feb 8 1950

Crematorium Services For Sonoma, Calif

Memorial Section Harry George Borden

--including endowment fund deposit--

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to

{ Rental } from to Engraving Permit

{ Care } from to Engraving Permit

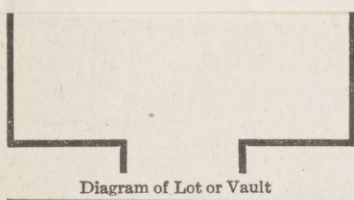
Total \$ 15.00

Credits

Received Fifteen and 00/100 Dollars 15.00

Check No. 90-667-1156 Record No. 3843

CALIFORNIA CREMATORIUM
Per 6.6.7 rates



Grave No.

Section No.

Block No.

Owner.

Sales Tax

Total Footing of Bill \$ 75.75

Less

Balance.....

Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Feb. 4, 1950	To Above Balance	\$.....	Feb. 22, 1950	To Balance Forward	\$.....
	By Payment <u>Chimes to Silver shield</u>	\$.....		By Payment	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....
	" " " " " "	\$.....		" " " " " "	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 29 1950Name of Deceased Marie Guadris (What Race) His.☐ Married ☐ Single ☐ Widowed ☐ DivorcedResidence 2017 San Antonio Las Gatas ☐ Husband ☐ Wife ☐ Widow John or of Age of Husband or Wife (if living) YearsCharge to Mr. Augustine SilerAddress Phoebe Anderson 1-7012Order given by 2707 Montana St. Oakland (or informant)

How Secured:

If Veteran, State War NoOccupation at home (Social Security Number)

Employer and Address

Date of Death Jan 29, 1950 2 a.m. (Date) (Hour)Date of Birth May 3, 1871 (Date) (Day of Week) (Hour)Age 79 (Years) (Months) (Days)Date of Funeral Feb 3, 1950 11 a.m. (Date) (Day of Week) (Hour)Services at ChapelClergyman C.C. Champlin (Address)Religion of the Deceased French

Birthplace

Resided in the State (or U.S. or City or County) (Years) (Mortuary)

Place of Death Los Gatos, Calif.

Cause of Death

Contributory Causes

Certifying Physician W.W. Nicolson (or Coroner)Address Alameda, Calif.Name of Father Larguer

Birthplace

Name of Mother Not known

Birthplace

Remains to

Casket

Casket

Casket

Casket

Casket

Casket

Casket

Casket

Casket

Casket

Casket

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Casket

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

169

Total No. Yearly No. Date of Entry January 3 1950
 Name of Deceased Harry George Borden
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Not known ☐ Husband ☐ Wife ☐ Widow
 Charge to: County of Sonoma or of Age of Husband or Wife (if living) Years

Address Complete Funeral (except outlays) \$ 50.-

Order given by (or informant) Casket

How Secured Burial Vault or Box (State Kind)

If Veteran, State War Unknown Embalming Body (Name of Embalmer)

Occupation Laborer (Social Security Number) Barber, \$ Hair Dressing, \$

Employer and Address Dressing Body, \$ Underwear, \$

Date of Death January 3, 1950 Found 11:40 A.M. (Date) (Hour)

Date of Birth August 1896 Slippers, \$ Hose, \$

Age 53 (Years) (Months) (Days) Folding Chairs, \$ Tarpaulin, \$

Date of Funeral Jan 3, Fri 6:20 P.M. (Date) (Day of Week) (Hour) Candelabrum, \$ Candles, \$

Services at Chapel of the Gnomes Door Spray, \$ Gloves, \$

Clergyman: (Address) Funeral Car, \$ Ambulance, \$

Deceased Limousines to Cemetery @ \$

State (or U. S. or City or County) (Years) (Months) Extra Limousines @ \$

Birth Vineburg Road (State Number and District) Autos to R. R. Station @ \$

Death Arteriosclerotic heart disease (State Physician's or Coroner's) Getting Remains from Nassau Park, Fla.

Causes Pall Bearer Service, \$ Use of Chapel, \$

Physician Vernon Silvershield (or Coroner) Gross Total for Sales Tax \$

Address Santa Rosa, Calif. Outlay for Lot \$

Father Cremation \$ 15.00

Place Flowers, \$ Palms, \$ Matting, \$

Name of Mother Rental of Tent, \$ of Temporary Vault, \$

Birthplace Opening of Grave or Tomb

Remains to Lining Grave, \$ Lowering Device, \$

Casket Caucasian (State Color and Number) Outlay for Shipping Charges

Manufactured by 57 Clergyman, \$ Singers, \$ Organist, \$

Story Chapel of the Gnomes Railroad or Motor Tickets, \$ Aero-plane Service, \$

Lot No. Telegr., Phone, Cable or Radio Charges

Grave No. Cash Advanced

Section No. Out of town Undertaker's Charges

Block No. Personal Service

Owner line Death Notices in Papers

Diagram of Lot or Vault (Names of Newspapers)

Sales Tax \$ 75.-

Total Footing of Bill \$ 75.75

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Feb 4, 1950</u>	<u>Chapel of the Gnomes</u>	\$	<u>Feb 20, 1950</u>	<u>By Payment</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 4 1950

Name of Deceased David Wayne Yenni
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) _____

Residence: Glenn Yenni
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Glenn Yenni

Address: Rt. 2 Box 156 Sonoma

Order given by: _____ (or informant)

How Secured: _____

If Veteran, State War _____

Occupation _____ (Social Security Number) _____

Employer and Address _____

Date of Death: Feb 4, 1950 4:26 A.M.
 (Date) (Hour)

Date of Birth: Feb 4, 1950 3:00 P.M.
 (Date) (Day of Week) (Hour)

Age: _____ (Years) (Months) (Days)

Date of Funeral: Feb 6 1 P.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Terrell Sonoma
 (Address)

Religion of the Deceased _____

Birthplace Sonoma

Resided in the State Life
 (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Prematurity

Contributory Causes (28 wks Old fetus)

Certifying Physician Wm J. Newman M.D.
 (or Coroner)

His Address Sonoma

Name of Father Glenn Yenni

His Birthplace Idaho

Maiden Name of Mother Patricia Lee Burton


Her Birthplace _____

Motor } Remains to _____
 Ship }

Size of Casket 3/4 white lamb
 (State Color and Number)

Manufactured by: 7

Cemetery Int Cem Sonoma
 Crematory

Diagram of Lot or Vault 

Lot No. _____

Grave No. _____

Section No. _____

Block No. _____

Owner _____

Complete Funeral (except outlays) \$ 44 -

Casket \$ -

Burial Vault or Box \$ 6 -
 (State Kind)

Embalming Body \$ -
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$

Suit or Dress \$ -
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to:
 Deliver Flowers to:
 Removal Charges
 Procuring Burial Permit \$ 6 -
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: \$

Cremation \$

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 20 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- }
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges \$

Cash Advanced \$

Out of town Undertaker's Charges \$

Personal Service \$

Casket Spray \$ 15.00

line Death Notices in Papers \$ 10 -
 (Names of Newspapers)

Sales Tax \$ 84

Total Footing of Bill \$ 101.84

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Feb 20, 1950</u>	By Payment <u>Statement</u>	\$	<u>Feb 23, 1950</u>	By Payment <u>full</u>	\$ <u>101.84</u>
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$
" "	" "	\$	" "	" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

<p> r and District) es No. _____ or Coroner's) hapel, \$. _____ \$. _____ tting, \$. _____ Vault, \$. _____ ervice, \$. _____ ganist, \$. _____ ervice, \$. _____ arges _____ </p>	<p> 45.50 </p>
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Date		Amount Paid	Balance	Date		Amount Paid	Balance
Feb 20, 1950	Statement				To Balance Forward		
	To Above Balance	\$	\$		By Payment	\$	\$
Mar 29, 1950	Statement	\$	\$				
Aug 2, 1950	" Letter	\$	\$	Mar 8	June 1st	45.55	\$
"	"	\$	\$	April 10	1st	12.50	\$
"	"	\$	\$	Sept 15	Pay Ck.	2.10	\$
"	"	\$	\$	"	"	\$	\$
"	"	\$	\$	"	"	\$	\$
"	"	\$	\$	"	"	\$	\$
"	"	\$	\$	"	"	\$	\$
"	"	\$	\$	"	"	\$	\$

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 4 19 50

Name of Deceased David Wayne Yenni
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) _____

Residence: Glenn Yenni
 Charge to: Glenn Yenni
 Address: Rt. 2 Box 156 Sonoma
 Order given by: _____ (or informant)
 How Secured: _____
 If Veteran, State War _____
 Occupation _____ (Social Security Number) _____
 Employer and Address _____
 Date of Death Feb. 4, 1950 4:26 a.m.
 Date of Birth Feb. 4, 1950 3:00 a.m.
 Age _____ (Years) _____ (Months) _____ (Days)
 Date of Funeral Feb. 6 noon 1 P.M.
 Services at: Chapel
 Clergyman: Rev. Terrell Sonoma
 Religion of the Deceased _____
 Birthplace Sonoma
 Resided in the State Life (or U. S. or City or County) (Years) (Months)
 Place of Death Community Hospital
 Cause of Death Prematurity
 Contributory Causes (28 wks Old fetus)
 Certifying Physician Wm. J. Newman M.D. (or Coroner)
 His Address Sonoma
 Name of Father Glenn Yenni
 His Birthplace Pa.
 Maiden Name of Mother Patricia Lee Gustin
 Her Birthplace _____
 Motor Ship } Remains to _____
 Size of Casket 3/4 white lamb. (State Color and Number)
 Manufactured by: 7
 Cemetery Int. Cem. Sonoma
 Crematory _____

Complete Funeral (except outlays) \$ 44 -
 Casket _____
 Burial Vault or Box _____ (State Kind)
 Embalming Body _____ (Name of Embalmer)
 Barber, \$ _____ Hair Dressing, \$ _____
 Dressing Body, \$ _____ Underwear, \$ _____
 Suit or Dress _____ (State Kind and Color)
 Slippers, \$ _____ Hose, \$ _____
 Folding Chairs, \$ _____ Tarpaulin, \$ _____
 Candelabrum, \$ _____ Candles, \$ _____
 Door Spray, \$ _____ Gloves, \$ _____
 Funeral Car, \$ _____ Ambulance, \$ _____
 Limousines to Cemetery @ \$ _____
 Extra Limousines @ \$ _____
 Autos to R. R. Station @ \$ _____
 Getting Remains from _____
 Taking Remains to _____
 Trip to Coroner's Inquest _____
 Delivering Box to _____

Out of town Undertaker's Charges _____
 Personal Service _____
 _____ line Death Notices in _____ Papers _____
 _____ (Names of Newspapers)
 Sales Tax _____
 Total Footing of Bill \$ 101.84
 Less _____
 Balance \$ _____
 Entered into Ledger, page _____ or below.



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Feb 20, 1950</u>	By Payment <u>Statement</u>	\$	<u>Feb 23, 1950</u>	By Payment <u>full</u>	\$ <u>101.84</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ _____ Names of Lodges _____ Insurance Companies _____
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to _____ (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date. Interest to accrue from
 maturity at the rate of _____ % per annum.

Witness _____ Signed _____
 Address _____

RECORD OF FUNERAL

171

Total No. Yearly No. Date of Entry February 8 1950

Name of Deceased Alice W. Wissell
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Wf.

Residence: Fettlers Springs, Calif. ☐ Husband ☐ Wife ☐ Widow Oliver J.
 or of } Age of Husband or Wife (if living) Years

Charge to: Oliver J. Wissell

Address: 1351 Park St. San Francisco

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation housewife 569-30-5637
 (Social Security Number)

Employer and Address

Date of Death Feb 8, 1950 1:55 a.m.
 (Date) (Hour)

Date of Birth Oct. 21, 1906

Age 43 8 17
 (Years) (Months) (Days)

Date of Funeral Feb 11, 1950 Sat. 1 P.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Man: Rev. De Jong Sonoma
 (Address)

n of the Deceased

ace Montana

Complete Funeral (except outlays) \$ 365

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 16-34-48 16.48
 (State Kind and Color) 1.50

Slippers, \$ Hose, \$ 3.00

Folding Chairs, \$ Tarpaulin, \$ 3.00

Candelabrum, \$ Candles, \$ 2.00

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$ 18.50

Limousines to Cemetery @ \$

Extra Limousines @ \$ 34.75

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

38
Feb 14 1950
 died of Ba + Evans
One Dollars
Death - Alice W. Wissell
4955-83
D Campbell

Permit. (State Number and District)

Death Certificates No. (State Physician's or Coroner's)

e, \$ Use of Chapel, \$

les Tax \$

..... \$ 45.50

lms, \$ Matting, \$

.. of Temporary Vault, \$

or Tomb

... Lowering Device, \$

g Charges

Singers, \$ Organist, \$

Aero- plane Service, \$

le or Radio Charges

Out of town Undertaker's Charges

Personal Service Rev. De Jong 10

..... 5

line Death Notices in Papers

..... 17.40

..... 2.58

..... 1.99

Sales Tax 5.48

Total Footing of Bill \$ 461.53

Less 18.25 - 30 days \$ 461.53

Balance \$ 10.00

Entered into Ledger, page or below. 443.28

Ship / Remains to

Size of Casket Onchid - Athens Casket Co.
 (State Color and Number)

Manufactured by Athens Casket Co.

Cemetery } Chapel of the Chimes

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date	Statement	Amount Paid	Balance	Date	Statement	Amount Paid	Balance
<u>Feb 20, 1950</u>	<u>To Above Balance</u>				<u>To Balance Forward</u>		
<u>May 29, 1950</u>	<u>By Payment</u>				<u>By Payment</u>		
<u>Aug 21, 1950</u>	<u>" "</u>			<u>May 8, 1950</u>	<u>" "</u>		
	<u>" "</u>			<u>April 10, 1950</u>	<u>" "</u>		
	<u>" "</u>			<u>Sept 15, 1950</u>	<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		

Insurance \$ Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 4 19 50

Name of Deceased David Wayne Yenni
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Glenn Yenni
☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Glenn Yenni

Address: Rt. 2 Box 156 Sonoma

Order given by: (or informant)

How Secured:

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death Feb. 4, 1950 4:26 a.m.
 (Date) (Hour)

Date of Birth Feb. 4, 1950 3:00 a.m.
 (Date) (Hour)

Age (Years) (Months) (Days)

Date of Funeral Feb. 6 noon 1 P.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Terrell Sonoma
 (Address)

Religion of the Deceased

Birthplace Sonoma

Resided in the State Life
 (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Prematurity

Contributory Causes (28 wks Old fetus)

Certifying Physician Wm. J. Newman M.D.
 (or Coroner)

His Address Sonoma

Name of Father Glenn Yenni

His Birthplace Pa.

Maiden Name of Mother Patricia Lee Burton

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 3/4 white lamb
 (State Color and Number)

Manufactured by: 7

Cemetery Int. Cem. Sonoma
 Crematory

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 44 -

Casket
 Burial Vault or Box (State Kind) 6 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 22
 Folding Chairs, \$ Tarpaulin, \$ 6
 Candelabrum, \$ Candles, \$ 28
 Door Spray, \$ Gloves, \$ 3
 Funeral Car, \$ Ambulance, \$ 84
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to:

Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 Casket Spray 15.00
 line Death Notices in Papers
Rev. Terrell 10 -
 (Names of Newspapers)

Sales Tax 84
 Total Footing of Bill \$ 101.84
 Less \$
 Balance \$

Entered into Ledger, page or below.



Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
Feb 20, 1950	By Payment Statement	\$	Feb 23, 1950	By Payment	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

171

Total No. Yearly No. Date of Entry February 8 1950

Name of Deceased Alice W. Wissell
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Fettlers Springs, Calif.
☐ Husband ☐ Wife ☐ Widow ☐ Oliver J. (What Race)
 or of } Age of Husband or Wife (if living) Years

Charge to: Oliver J. Wissell
 Address: 1351 Park St. San Francisco

Order given by
 (or informant)

How Secured:

If Veteran, State War no

Occupation housewife 569-30-5637
 (Social Security Number)

Employer and Address

Date of Death Feb 8, 1950 1:55 a.m.
 (Date) (Hour)

Date of Birth Oct. 21, 1906

Age 43 8 17
 (Years) (Months) (Days)

Date of Funeral Feb 11, 1950 Sat 1 P. M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Man: Rev. De Jong Sonoma
 (Address)

n of the Deceased Montana

State Montana
 (or U. S. or City or County) (Years) (Months)

Home Buena Vista Ave. Helena

th:

Causes:

Physician Wayne Price M.D.
 (or Coroner)

ss: Sonoma, Calif.

ather: Mace

place:

Name of Mother:

thplace:

Ship } Remains to

Size of Casket Onchid - Athens Casket Co.
 (State Color and Number)

Manufactured by Athens Casket Co.

Cemetery } Chapel of the Chimes
 Crematory

Lot No.

Grave No.

Section No.

Block No.

Owner:

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 365

Casket \$

Burial Vault or Box \$

Embalming Body \$

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 16-34-48 \$ 16.48
 (State Kind and Color)

Slippers, \$ Hose, \$ under slip 1.50 \$ 3.00

Folding Chairs, \$ Tarpaulin, \$ 3.00 \$ 3.00

Candelabrum, \$ Candles, \$ 2.00 \$ 2.00

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$ 82.50

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$ 34.750

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.
 (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: \$

Cremation \$ 45.50

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. De Jong \$ 10

line Death Notices in Mrs. Shead \$ 5

Examiner - 2 days \$ 17.40
 (Name of Newspapers)

Index Index \$ 2.58

Sales Tax \$ 1.99

Total Footing of Bill \$ 461.53

Less 18.25 - 30 days \$ 461.53

Balance \$ 10.00

Entered into Ledger, page or below. 443-28

Date	Statement	Amount Paid	Balance	Date	Statement	Amount Paid	Balance
<u>Feb 20, 1950</u>	<u>To Above Balance</u>				<u>To Balance Forward</u>		
<u>May 29, 1950</u>	<u>By Payment</u>				<u>By Payment</u>		
<u>Aug 21, 1950</u>	<u>" "</u>			<u>May 29, 1950</u>	<u>" "</u>		
	<u>" "</u>			<u>April 10, 1950</u>	<u>" "</u>		
	<u>" "</u>			<u>Sept 15, 1950</u>	<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		
	<u>" "</u>				<u>" "</u>		

Insurance \$ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb. 8 1950

Name of Deceased Inez L. Gencio W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 300 Prospect, Petaluma, Calif. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Joseph L. Gencio

Address:

Order given by: (or informant)

How Secured:

If Veteran, State War No.

Occupation housewife - 552-20-4111
 (Social Security Number)

Employer and Address

Date of Death Feb. 8, 1950 (Date) (Hour)

Date of Birth December 5, 1908 (Date) (Hour)

Age 41 (Years) (Months) (Days)

Date of Funeral Feb. 11, 1950 Sat (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: (Address)

Religion of the Deceased

Birthplace San Francisco, Calif.

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death St. Zion Hospital, St.

Cause of Death:

Contributory Causes:

Certifying Physician: (or Coroner)

His Address:

Name of Father Pete Basaglia

His Birthplace:

Maiden Name of Mother Emilia Pesciani

Her Birthplace:

Motor } Remains to
 Ship }

Size of Casket: (State Color and Number)

Manufactured by:

Cemetery } Int. Cemetery, Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$ 2.50

Casket
 Burial Vault or Box 15
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$ 1.75
 Folding Chairs, \$ Tarpaulin, \$ 1.50
 Candelabrum, \$ Candles, \$ 1.90
 Door Spray, \$ Gloves, \$ 5.70

Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges \$7. permit 1
 Procuring Burial Permit
 (State Number and District)

___ Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 58
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15.00
flower truck 3.50
 line Death Notices in Papers
Gregus Courier 3.00
Friday Tribune 2.58
6.00 c/c 2.00
3.70

Sales Tax
 Total Footing of Bill \$ 457.78
 Less 18.23
 Balance 439.53

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness: Signed:
 Address:

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry *Found Feb 7* 19*50*

Name of Deceased *John Shine* -
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: *Sonoma Vista* - ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: *Mrs Elizabeth Lynskey*

Address: *5524 South Richmond St*

Order given by: *Chicago, Ill. - Tel. Prospect 6-9381*
 (or informant)

How Secured:

If Veteran, State War

Occupation *Laborer* (Social Security Number)

Employer and Address

Date of Death *found Feb 7, 1950* 12 noon
 (Date) (Hour)

Complete Funeral (except outlays)	\$ 14.50
Casket	
Burial Vault or Box	15.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress <i>Suit & Underwear</i>	16.80
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	

F 4214
 CITY AND COUNTY OF
 SAN FRANCISCO
Dept. of Public Health
 DUPLICATE

No 97716

2/8/50 194

RECEIVED

CLASS OF SERVICE

This is a full-rate
 Telegram or Cable-
 gram unless its de-

WESTERN

1201

SYMBOLS

DL=Day Letter

NL=Night Letter

LC=Deferred Cable

NLT=Cable Night Letter

Ship Radiogram

TIME at point of destination

No. *Feb. 7* 19*50*

RECEIVED OF *Ernest Evans*

only 68 cents Dollars

property of John Shine, decd.

\$.68/100

Vernon Rivershield
Coroner

S

WITH

5.00
 2.58
 2.63
 7.01
 8.00
 9.01

Balance

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

By Payment	\$					By Payment	\$				
" "	\$					" " <i>Feb 9, 1950</i>	\$				
" "	\$					" " <i>Full</i>	\$				
" "	\$					" "	\$				
" "	\$					" "	\$				
" "	\$					" "	\$				
" "	\$					" "	\$				
" "	\$					" "	\$				

Insurance \$

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb. 8 1950

Name of Deceased Inez L. Gencis w.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 300 Prospect, Petaluma, Calif. ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Joseph Gencis or of } Age of Husband or Wife (if living) Years

Address: Complete Funeral (except outlays) \$ 2.50

Order given by: (or informant) Casket Burial Vault or Box \$ 15

How Secured: Embalming Body (State Kind) (Name of Embalmer)

If Veteran, State War No. Barber, \$ Hair Dressing, \$ Dressing Body, \$ Underwear, \$ Suit or Dress (State Kind and Color)

Occupation housewife - 552-20-4111 (Social Security Number) Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Employer and Address Date of Death Feb. 8, 1950 (Date) (Hour) Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Date of Birth December 5, 1908 (Date) (Hour) Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Age 41 (Years) (Months) (Days) Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Date of Funeral Feb. 11, 1950 Sat (Date) (Day of Week) (Hour) Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Services at: Chapel Clergyman: (Address) Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Religion of the Deceased Birthplace San Francisco, Calif. Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Resided in the State 7 (or U. S. or City or County) (Years) (Months) Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Place of Death St. Zion Hospital, St. Cause of Death: Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Contributory Causes: Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)

Certifying Physician: (or Coroner) Bell Ringer Service \$ Use of Chapel, \$

His Address: Name of Father Pete. Basaglia Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

His Birthplace: Maiden Name of Mother Emilia Pisciani Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Her Birthplace: Motor Ship } Remains to: Size of Casket (State Color and Number)

Manufactured by: Cemetery Crematory } Int. Cemetery, Sonoma Slippers, \$ Hose, \$ Folding Chairs, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from: Taking Remains to: Trip to Coroner's Inquest Delivering Box to: Deliver Flowers to: Removal Charges \$7 permit Procuring Burial Permit (State Number and District) (State Physician's or Coroner's)

Diagram of Lot or Vault Lot No. Grave No. Section No. Block No. Owner: Sales Tax Total Footing of Bill \$ 457.78 Less \$ 18.25 Balance \$ 439.53

Entered into Ledger, page or below. (Names of Newspapers) Golden Gate Tribune \$ 2.50 6.00 c/c - \$ 3.10

Diagram of Lot or Vault Lot No. Grave No. Section No. Block No. Owner: Sales Tax Total Footing of Bill \$ 457.78 Less \$ 18.25 Balance \$ 439.53

Diagram of Lot or Vault Lot No. Grave No. Section No. Block No. Owner: Sales Tax Total Footing of Bill \$ 457.78 Less \$ 18.25 Balance \$ 439.53

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Diagram of Lot or Vault Lot No. Grave No. Section No. Block No. Owner: Sales Tax Total Footing of Bill \$ 457.78 Less \$ 18.25 Balance \$ 439.53

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Found Feb 7 1950

Name of Deceased John Shine
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma Vista
☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Elizabeth Lunskey

Address: 5524 South Richmond St.

Order given by: Chicago, Ill. - Tel. Prospect 6-9381
 (or informant)

How Secured:

If Veteran, State War

Occupation: Laborer (Social Security Number)

Employer and Address

Date of Death: found Feb 7, 1950 12 noon
 (Date) (Hour)

Complete Funeral (except outlays)	\$ 145 -
Casket	
Burial Vault or Box	15 0
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress <u>Suit & Underwear</u>	16 80
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	

F 4214

CITY AND COUNTY OF
SAN FRANCISCO

Dept. of Public Health

DUPLICATE

Nº 97716

2/8/50

194

RECEIVED

CLASS OF SERVICE

This is a full-rate
Telegram or Cable-
gram unless its de-
scription character is in-
dicated by a suitable
symbol above or pre-
fix to the address.

WESTERN UNION

W. P. MARSHALL, PRESIDENT

1201

SYMBOLS

DL=Day Letter

NL=Night Letter

LC=Deferred Cable

NLT=Cable Night Letter

Ship Radiogram

Time shown in the date line on telegrams and day letters is STANDARD TIME at point of origin. Time of receipt is STANDARD TIME at point of destination

VJ 7 CHICAGO ILL FEB 9 1200

BATES AND EVANS
SONOMA

MONEY COMPLETE FUNERAL JOHN J SHINE OMIT FLOWERS

PLEASE SEND ITEMIZED RECEIPT AND DEATH CERTIFICATE WITH
DETAILS

ELIZABETH P LUNSKEY

THE COMPANY WILL APPRECIATE SUGGESTIONS FROM ITS PATRONS CONCERNING ITS SERVICE

By Payment	\$				By Payment	\$			
" "	\$				" "	\$			
" "	\$				" "	\$			
" "	\$				" "	\$			
" "	\$				" "	\$			
" "	\$				" "	\$			
" "	\$				" "	\$			
" "	\$				" "	\$			

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Found Feb 7 1950

Name of Deceased John Shine
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma Vista
☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Elizabeth Lynskey

Address: 5524 South Richmond St.

Order given by: Chicago, Ill. - 1st Prospect 6-9381
 (or informant)

How Secured:

If Veteran, State War

Occupation Laborer
 (Social Security Number)

Employer and Address

Date of Death found Feb 7, 1950 12 noon
 (Date) (Hour)

F 4214

CITY AND COUNTY OF
SAN FRANCISCO

Dept. of Public Health

No 97716

DUPLICATE

2/8/50 194

IFIED CERTIFICATE OF DEATH

REMOVAL PERMIT

J. C. GEIGER, M. D.
DIRECTOR OF PUBLIC HEALTH

BY Jan

DEPUTY

atory

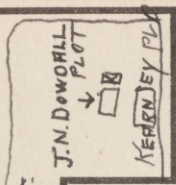


Diagram of Lot or Vault

Lot No. Plot north side

Grave No. 3 J. N. Deworth

Section No. Plot

Block No.

Owner

Complete Funeral (except outlays) \$ 145

Casket 15

Burial Vault or Box 0

Embalming Body 16

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 16

Suit or Dress Suit & Underwear 80

Slippers, \$ Hose, \$ 250

Folding Chairs, \$ Tarpaulin, \$ 15

Candelabrum, \$ Candles, \$ 8750

Door Spray, \$ Gloves, \$ 3

Funeral Car, \$ Ambulance, \$ 26

Limousines to Cemetery @ \$ 250

Extra Limousines @ \$ 250

Autos to R. R. Station @ \$ 250

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.
 (State Number and District)
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ 25

Gross Total for Sales Tax \$ 25

Outlay for Lot 1 grave 25

Cremation

Flowers, \$ Palms, \$ Matting, \$ 25

Rental of Tent, \$ of Temporary Vault, \$ 25

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$ 25

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$ 15

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$ 00

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service mass 15

line Death Notices in Papers Index Tribune 258

.....
 (Names of Newspapers)

Sales Tax 2 63

Total Footing of Bill \$ 249 01

Less 8.00 Cash disc \$ 8 00

Balance \$ 239 01

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Feb 9, 1950</u>	" " <u>full</u>	\$ <u>239</u> <u>01</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Found Feb 7 1950

Name of Deceased John Shine
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma Vista
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Elizabeth Lynskey

Address: 5524 South Richmond St.

Order given by: Chicago, Ill. - Tel. Prospect 6-9381
 (or informant)

How Secured:

If Veteran, State War

Occupation Laborer
 (Social Security Number)

Employer and Address

Date of Death found Feb 7, 1950 12 noon
 (Date) (Hour)

Age of Birth: May 8, 1892
 (Years) (Months) (Days)

Date of Funeral: Feb 10 - Fri 10:00 A.M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis Church

Clergyman: (Address)

Religion of the Deceased

Birthplace: Ireland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death: Paradise House Sonoma Vista
 (State Number and District)

Cause of Death: (State Physician's or Coroner's)

Contributory Causes:

Attending Physician: Vermon Silvershield, Coroner
 (or Coroner)

Address: South Ross, Calif.

Name of Father: Bernard Shine

Birthplace:

Maternal Name of Mother: Catherine Dolan

Birthplace:

Remains to

Cost of Casket: \$80
 (State Color and Number)

Manufactured by: Catholic Cemetery

Cemetery: Catholic Cemetery

Diagram of Lot or Vault

Lot No. Plot north side

Grave No. 3 J. N. Woodall

Section No. Plot

Block No.

Owner:

Complete Funeral (except outlays) \$ 145

Casket \$ 15

Burial Vault or Box \$ 0

Embalming Body \$ 16

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Suit & Underwear \$ 80
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: 1 grave \$ 25

Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- }
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service: mass \$ 15

Line Death Notices in Papers
Index Tribune \$ 2.58
 (Names of Newspapers)

Sales Tax \$ 2.63

Total Footing of Bill \$ 247.01

Less \$8.00 cash disc. \$ 8.00

Balance \$ 239.01

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Feb 9, 1950</u>	" "	\$ <u>239.01</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 12 1950

Name of Deceased Luella D. Street
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: ☐ Husband ☐ Wife ☐ Widow }
or of } Age of Husband or Wife (if living) Years

Charge to:
Address:
Order given by: (or informant)
How Secured:
If Veteran, State War No
Occupation At home 570-07-1754 (Social Security Number)
Employer and Address
Date of Death Feb 12, 1950 9:25A (Date) (Hour)
Date of Birth Dec 18-1881 (Date) (Month) (Day)
Age 68 (Years) 1 (Months) 24 (Days)
Date of Funeral Dec 14, 1950 Tue 2:30 P.M. (Date) (Day of Week) (Hour)
Phone Santa Rosa 6-R Box 524
Chapel of the Chimes
Redwood Highway at Hearn Avenue

Complete Funeral (except outlays)	\$ 215	-
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		
Dressing Body, \$		
Underwear, \$		
Suit or Dress		
Slippers, \$		
Hose, \$		
Folding Chairs, \$		
Tarpaulin, \$		
Candelabrum, \$		
Candles, \$		
Door Spray, \$		
Gloves, \$		
Funeral Car, \$		
Ambulance, \$		
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from:		
Taking Remains to		
Trip to Coroner's Inquest		
Box to		



Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8602

Santa Rosa, California Feb. 14 1950

RECEIVED FROM M Bates & Evans
Crematorium Services For Sonoma, Calif.
Memorial Section Luella D. Street
--including endowment fund deposit--
Urn Chest Tier No. 4500
Flower Service { Twice } Each Week, from to
Rental Care { Once }
Credits
Received Forty-five and no/100
Check No. 90-667

Record No. 3855

CALIFORNIA CREMATORIUM
Present Balance
Per B. B. Bates

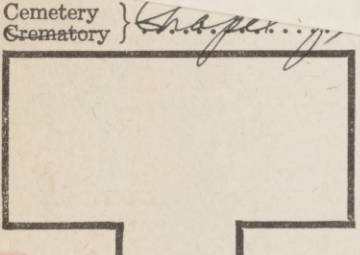


Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner.

Total Footing of Bill	\$ 278	23
Less	\$ 10	25
Balance	\$ 267	48

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$	<u>Feb 12</u>	"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry. Feb 17 1950

Name of Deceased Wonotee Boler

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: P.O. Box 201, Eldridge, Cal. ☐ Husband ☐ Wife ☐ Widow } Frederick

Charge to: Frederick Boler or of } Age of Husband or Wife (if living) Years

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Attendant 1564-28-9163 (Social Security Number)

Employer and Address Sonoma State Home

Date of Death Feb 17, 1950 3:50 A.M. (Date) (Hour)

Date of Birth Oct 15, 1908

Age: (Years) (Months) (Days)

Date of Funeral Feb 18 Sat 11 A.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. De Jong, Sonoma (Address)

Religion of the Deceased

Birthplace Cal

Complete Funeral (except outlays) \$ 365

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 18.50

Folding Chairs, \$ Tarpaulin, \$ 3

Candelabrum, \$ Candles, \$ 5.75

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Remains to

to

Permit (State Number and District)

of Death Certificates No. (State Physician's or Coroner's)

ice, \$ Use of Chapel, \$

Sales Tax \$

Palms, \$ Matting, \$

of Temporary Vault, \$

or Tomb

Lowering Device, \$

ng Charges

Singers, \$ Organist, \$

Aero-plane Service, \$

ble or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. De Jong 10

line Death Notices in Index Tribune 2.58

(Names of Newspapers)

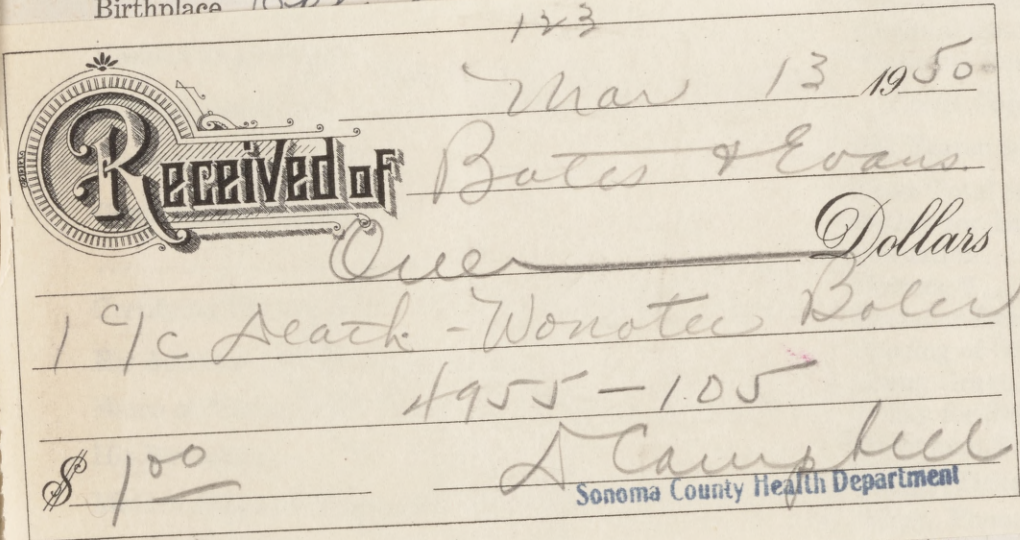
Sales Tax 5.48

Total Footing of Bill \$ 383.06

Less ask about bill at Santa Rosa cemetery 18.25

Balance \$ 364.81

Entered into Ledger, page or below.



☐ Motor Ship } Remains to

Size of Casket Overbid (State Color and Number)

Manufactured by: Alhams Casket Co.

Cemetery } D.O.O.F. Santa Rosa

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Feb 20, 1950</u>	<u>Statement mailed</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Mar 13</u>	" <u>Infull</u>	\$ <u>364.81</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

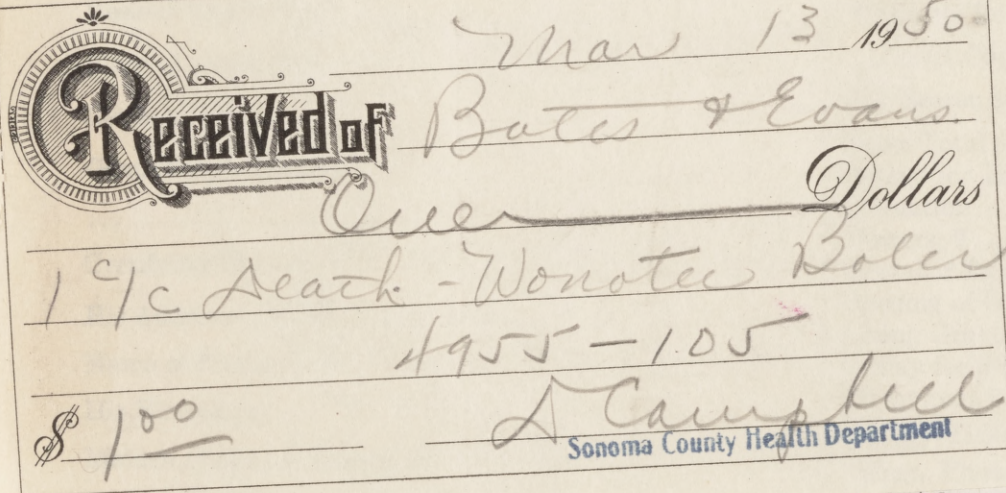
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

175

Total No. Yearly No. Date of Entry Feb 17 1950
 Name of Deceased Wonotee Boler
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W
 Residence: P.O. Box 201, Eldridge, Cal. ☐ Husband ☐ Wife ☐ Widow } Frederick
 or of Age of Husband or Wife (if living) Years
 Charge to: Frederick Boler
 Address: Above
 Order given by: (or informant)
 How Secured:
 If Veteran, State War No
 Occupation Attendant 1564-28-9163
 (Social Security Number)
 Employer and Address Sonoma State Home
 Date of Death Feb 17, 1950 3:50 A.M.
 (Date) (Hour)
 Date of Birth Oct 15, 1908
 Age 41 4 2
 (Years) (Months) (Days)
 Date of Funeral Feb 18 Sat 11:00 A.M.
 (Date) (Day of Week) (Hour)
 Services at: C. Chapel
 Clergyman: Rev. De Jong, Sonoma
 (Address)
 Religion of the Deceased
 Birthplace Cal

Complete Funeral (except outlays) \$ 365
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Remains to
 to
 1 Permit (State Number and District)
 of Death Certificates No.
 (State Physician's or Coroner's)
 Use of Chapel, \$
 Sales Tax \$
 Palms, \$ Matting, \$
 of Temporary Vault, \$
 or Tomb
 Lowering Device, \$
 Charges
 Singers, \$ Organist, \$
 Aero-plane Service, \$
 ble or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in
 (Names of Newspapers)
 Sales Tax \$ 5.48
 Total Footing of Bill \$ 383.06
 Less \$ 18.25
 Balance \$ 364.81
 Entered into Ledger, page or below.



motor } Remains to
 Ship }
 Size of Casket Orchid
 (State Color and Number)
 Manufactured by: Alhena Casket Co.
 Cemetery P.O. Box 7, Santa Rosa
 Crematory
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Feb 20, 1950</u>	<u>Statement mailed</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

175

Total No. Yearly No. Date of Entry Feb 17 19 50

Name of Deceased Wonotee Boler

Residence: P.O. Box 201, Eldridge, Cal. ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow ☐ (What Race) Frederick

Charge to: Frederick Boler or of } Age of Husband or Wife (if living) Years

Address: Above

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Attendant 1564-28-9163 (Social Security Number)

Employer and Address Sonoma State Home

Date of Death Feb 17, 1950 3:50 A.M. (Date) (Hour)

Date of Birth Oct 15, 1908 (Date) (Hour)

Age: 41 (Years) 4 (Months) 2 (Days)

Date of Funeral Feb 18, Sat 11:00 A.M. (Date) (Day of Week) (Hour)

Services at: C. Chapel

Clergyman: Rev. De Jong (Address)

Religion of the Deceased

Birthplace Oklahoma

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Attending Physician A. R. McMath, M.D. (or Coroner)

Address: Sonoma

Name of Father William Basil Miles

Birthplace

Given Name of Mother Jessie Buchanan

Birthplace

Remains to ☐ Motor Ship ☐ Ship

Size of Casket Overhead (State Color and Number)

Manufactured by Athena Casket Co.

Cemetery P.O. Box 7, Santa Rosa

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 365

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 18.50

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 5.4750

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot.

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Index 10 2.58 (Names of Newspapers)

Sales Tax 5.48

Total Footing of Bill \$ 383.06

Less ask about bill at Santa Rosa Cemetery \$ 18.25

Balance \$ 364.81

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Feb 20, 1950	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	Mar 13	" " <u>Int'l</u> <u>364.81</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb. 18 1950

Name of Deceased Donald H. Armstrong
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt. 2 Box 3 Sonoma ☐ Husband ☐ Wife ☐ Widow Leslie
 Charge to: Mrs. Leslie Armstrong or of Age of Husband or Wife (if living) Years
 Address: Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War W.W.I.
 Occupation Broken Stock & Bonds none (Social Security Number)
 Employer and Address
 Date of Death Feb. 18, 1950 4:10 P.M. (Date) (Hour)
 Date of Birth Feb. 7, 1888
 Age 22 (Years) 11 (Months) 11 (Days)
 Date of Funeral Feb. 20, 1950 11 A.M. (Date) (Day of Week) (Hour)
 Services at Chapel of the Chimes S.F.

Complete Funeral (except outlays) \$ 3.98
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:

Phone Santa Rosa 6-R

Redwood Highway
at Hearn Avenue

No. Feb 24 1950

RECEIVED OF W. W. I. & Co.

one Discharge Paper for
Donald Armstrong
\$ 2 H. Armstrong Jr.

Dollars

8615

Credits

Received

Forty-five and 50/100

Dollars

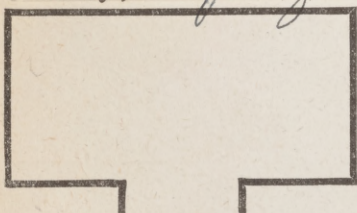
Check No. 90-667-1203Record No. 3862Present Balance
CALIFORNIA CREMATORIUM
Per 6.6.70

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Sales Tax \$ 5.97
 Total Footing of Bill \$ 451.97
 Less \$ 19.90
 Balance \$ 432.07
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar 3, 1950</u>	To Above Balance..... By Payment.....	\$..... \$.....	<u>Feb 23, 50</u>	To Balance Forward..... By Payment.....	\$..... \$ <u>282.07</u>
" "	" "	\$.....	<u>May 2, 1950</u>	" "	\$ <u>1.50</u>
" "	" "	\$.....	" "	" "	\$.....
" "	" "	\$.....	" "	" "	\$.....
" "	" "	\$.....	" "	" "	\$.....
" "	" "	\$.....	" "	" "	\$.....
" "	" "	\$.....	" "	" "	\$.....

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

177

Total No. Yearly No. Date of Entry Feb 23 19 50

Name of Deceased Mary J. Thompson white
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 398 B. Sonoma Calif. ☐ Husband ☐ Wife ☐ Widow John
 or of Age of Husband or Wife (if living) Years

Charge to: One E. Thompson \$25.00 extra Size Casket

Address: Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation at home no
 (Social Security Number)

Employer and Address

Date of Death Feb 23, 1950 6:15 A.M.
 (Date) (Hour)

Date of Birth Jan 10, 1869
 (Date)

Age 81 1 13
 (Years) (Months) (Days)

Date of Funeral Feb 25 Sat 11 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. De Jong (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State 3 1/2 yrs
 (or U. S. of City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial infarction

Contributory Causes Hypertension

Certifying Physician Michael M. Mikita, M.D.
 (or Coroner)

His Address Boyes Springs, Calif.

Name of Father Alexander Eades

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Orchest - Covered in Silver
 (State Color and Number)

Manufactured by Athens Casket Co.

Cemetery } Omaha, Nebraska
 Crematory } Clarenda, Iowa

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 365 -

Casket

Burial Vault or Box Shipping - 25 -
 (State Kind)

Embalming Body

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
~~Suit or Dress~~
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service no notes
furnished own minister
line Death Notices in Review Papers
Musical themselves
 (Names of Newspapers) no De Jong

Sales Tax Out of State

Total Footing of Bill \$ 406.00

Less 19.50 - 30 days \$ 19.50

Balance \$ 386.50

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar 7, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$	<u>March 9, 1950</u>	<u>In full</u>	<u>386.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 18 1950

Name of Deceased Donald H. Armstrong
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 3 Sonoma ☐ Husband ☐ Wife ☐ Widow Leslie
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Leslie Armstrong

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War W.W.I.

Occupation Broker Stock Bonds none
 (Social Security Number)

Employer and Address

Date of Death Feb. 18, 1950 4:10 P.M.
 (Date) (Hour)

Date of Birth Feb. 7, 1888
 (Date)

Age 22 11
 (Years) (Months) (Days)

Date of Funeral Feb. 20, Mon 11 A.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel of the Chimes S.R.

Complete Funeral (except outlays) \$ 298.

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 1.99

Folding Chairs, \$ Tarpaulin, \$ 3

Candelabrum, \$ Candles, \$ 5.97

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Phone Santa Rosa 6-R

Redwood Highway
at Hearn AvenueChapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8615

Batis & Evans Santa Rosa, California Feb 20 1950

Sonoma, Calif.

es For Donald H. Armstrong 45.00

ent fund deposit-- Tier No.

Chest Sales Tax

Twice } Each Week, from to

Once }

om to Engraving Permit 50

Total 45.50

Received

Forty-five and 50/100

Dollars

45.50

Check No.

90-667-1203

Record No.

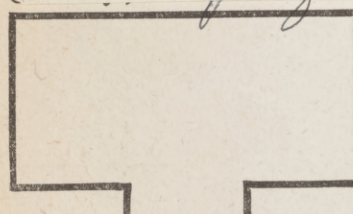
3862Present Balance
CALIFORNIA CREMATORIUM
Per 6.6.7m

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Sales Tax 5.97Total Footing of Bill \$ 451.97Less \$ 19.90Balance \$ 432.07

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$		To Balance Forward.....	\$
<u>Mar 3, 1950</u>	By Payment.....	\$	<u>Feb 23, 50</u>	By Payment.....	\$ <u>282.07</u>
	" "	\$	<u>May 2, 1950</u>	" "	\$ <u>1.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

Names of
LodgesInsurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb. 18 1950

Name of Deceased Donald W. Armstrong
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt. 2 Box 3 Sonoma ☐ Husband ☐ Wife ☐ Widow Leslie
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Leslie Armstrong

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War W. W. I.

Occupation Broker Stocks & Bonds none
 (Social Security Number)

Employer and Address

Date of Death Feb. 18, 1950 4:10 P.M.
 (Date) (Hour)

Date of Birth Feb. 7, 1888
 (Date)

Age: 22 (Years) 11 (Months) 11 (Days)

Date of Funeral Feb. 20 Mon. 11:00 A.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel of the Chimes, S.F.
Red Spina White
 (Address)

Place of the Deceased Indiana

Place in the State Indiana
 (or U. S. or City or County) (Years) (Months)

Death: Stanford Hospital
 (State Physician's or Coroner's)

Death: Intestinal obstruction
 (State Physician's or Coroner's)

Medical History: Cancer of Rectum

Attending Physician: Robt. A. Scarborough
 (or Coroner)

Address: Stanford Hospital

Place of Birth: James P. Armstrong

Name of Mother: Gwendolyn P. Armstrong

Place of Birth: Indiana

Remains to: Leslie

Place of Casket: Leslie
 (State Color and Number)

Manufactured by: Chapel of the Chimes, S.F.

Very tory

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 3.98

Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to:
 Deliver Flowers to:
 Removal Charges
 Procuring Burial Permit 2.7
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service: Leslie
 Line Death Notices in: Local Paper
 (Names of Newspapers)

Sales Tax
 Total Footing of Bill
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>Mar. 3, 1950</u>	<u>Filed with Hon. M.</u>	\$	<u>Feb. 23, 1950</u>	<u>By Payment</u>	<u>282.07</u>
	" "	\$		" "	<u>1.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

177

Total No. Yearly No. Date of Entry Feb 23 19 50

Name of Deceased Mary J. Thompson white
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 398 B. Sonoma Calif. ☐ Husband ☐ Wife ☐ Widow John
 or of Age of Husband or Wife (if living) Years

Charge to: One E. Thompson
 Address: Above

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation at home no
 (Social Security Number)

Employer and Address

Date of Death Feb 23, 1950 6:15 A.M.
 (Date) (Hour)

Date of Birth Jan 10, 1869
 (Date) (Month) (Days)

Age 81
 (Years) (Months) (Days)

Date of Funeral Feb 25 Sat 11 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. D. J. Jones (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State 3 1/2 yrs
 (or U. S. of City or County) (Years) (Months)

Place of Death Home

Cause of Death Myocardial infarction

Contributory Causes Hypertension

Certifying Physician Michael M. Mikita, M.D.
 (or Coroner)

His Address Boyes Springs, Calif.

Name of Father Alexander Eades

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Orchid - Covered in Silver
 (State Color and Number)

Manufactured by Athena Casket Co.

Cemetery } Omaha, Nebraska
 Crematory } Clarenda, Iowa

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 3.65 -

Casket

Burial Vault or Box Shipping \$ 25 -
 (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service No. not used

Furnished own register Keene

line Death Notices in Keene Papers
 (Names of Newspapers) no before

Sales Tax Out of State

Total Footing of Bill \$ 406.00

Less 19.50 - 30 days \$ 386.50

Balance \$ 386.50

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar 7, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$	<u>March 9, 50</u>	<u>In full</u>	<u>386.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 23 1950
 Name of Deceased Otto Drucks (What Race) white
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence: Sonoma Aug California ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years
 Charge to: Stella M. Gull
 Address: Electric
 Order given by: (Kruiger, Attorney) (or informant)
 How Secured:
 If Veteran, State War no
 Occupation: Chicken Rancher (Social Security Number) none
 Employer and Address
 Date of Death: February 23, 1950 3:41 P.M. (Date) (Hour)
 Date of Birth: Oct 27, 1864 (Date)
 Age: 85 (Years) (Months) (Days)
 Date of Funeral: Feb 25 Sat 9:30 A.M. (Date) (Hour)

Pallbearers for Otto Drucks

Victor Leveroni
 Jim Lyttle
 Mike Broccio
 Bill Locarnini
 Jake Stackmeyer
 Jerry Dowdall

Contributory Causes

Certifying Physician: H. Bonny M.D. (or Coroner)
 His Address: Sonoma County Hospital
 Name of Father: Carl Drucks
 His Birthplace:
 Maiden Name of Mother: Maria Drucks
 Her Birthplace:
 Motor } Remains to
 Ship }
 Size of Casket: (State Color and Number)
 Manufactured by: S. F. Casket Co.
 Cemetery } Mt. Cem. Sonoma
 Crematory }

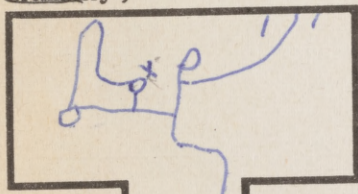


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays)	\$ 220.00
Casket	15.00
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress (State Kind and Color)	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit (State Number and District)	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	Casket, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$
or Motor }	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in <u>Mass</u> Papers	
<u>Index Tribune</u>	
<u>Democrat</u>	
Sales Tax	3.75
Total Footing of Bill	\$ 328.25
Less <u>11.75</u>	
Balance	\$
Entered into Ledger, page or below.	

DATE	ORDER NO.	Amount Paid	Balance	Date	Amount Paid	Balance
7/16/50						
SIZE 6/3	No. 9405- #. Slip Cap					
DESCRIPTION: <u>lined Sunray Rd. Pillow</u>	Cov. <u>Gray Doe</u>					
HANDLES: 382- Hdls						
To Balance Forward						
By Payment						
" " " "						
" " " "						
" " " "						
" " " "						
" " " "						
" " " "						
" " " "						

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

179

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 23 1950

Name of Deceased Otto Drucks (What Race) white

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Sanoma Aug. El Varano ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to: Stella M. Gull or of }

Address: Electric - Attorney

Order given by: (Krugger, Attorney) (or informant)

How Secured:

If Veteran, State War no

Occupation Chicken Rancher (Social Security Number) None

Employer and Address

Date of Death February 23, 1950 3:30 P.M. (Date) (Hour)

Date of Birth Oct 27, 1864 (Date) (Day of Week) (Hour)

Age 85 (Years) (Months) (Days)

Date of Funeral Feb 25 Sat 9:30 A.M. (Date) (Day of Week) (Hour)

Place of Burial St. Francis Church (Address)

Religion of the Deceased Catholic (Address)

Place of Birth Germany

Residence in the State Sanoma County Hospital (or U.S. or City or County) (Years) (Months)

Cause of Death Cerebral Arteriosclerosis

Contributory Causes

Certifying Physician H. Bonney M.D. (or Coroner)

His Address Sanoma County Hospital

Name of Father Carl Drucks

His Birthplace

Maiden Name of Mother Maria Drucks

Her Birthplace

Motor } Remains to
Ship }

Size of Casket 17 (State Color and Number)

Manufactured by Casket Co.

Cemetery } mt Cem. Sanoma
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 220.00

Casket \$ 15.00

Burial Vault or Box (State Kind) \$ 15.00

Embalming Body (Name of Embalmer) \$ 15.00

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress (State Kind and Color) \$ 15.00

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot
Cremation
Flowers, \$ Casket Co.
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service
Line Death Notices in Mass Index Tribune Democrat
Papers
Sales Tax
Total Footing of Bill \$ 328.25
Less 11.75
Balance
Entered into Ledger, page or below.

DATE	ORDER NO.	Amount Paid	Balance	Date	Amount Paid	Balance
1/16/50						
SIZE	6/3	No. 9405- #. Slip Cap	Cov. Gray Doe			
DESCRIPTION	Wined Sunray Rd. Pillow					
HANDLES:	382- Hdls					
Mars filled with Kruger						
				To Balance Forward		
				By Payment	\$ 328.25	
				"		
				"		
				"		
				"		
				"		
				"		
				"		
				"		

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

179

Total No. Yearly No. Date of Entry Feb 24 1950
 Name of Deceased Frank Slavicek
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.
 Residence Riverside, Maple Ave. El Verano ☐ Husband ☐ Wife ☐ Widow Katherine
 Charge to: Joe Kucera or of Age of Husband or Wife (if living) Years
 Address P.O. Box 6 - El Verano
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Retired Cook none (Social Security Number)
 Employer and Address
 Date of Death Feb. 24, 1950 6:30 A. (Date) (Hour)
 Date of Birth Feb 6, 1875

Pall bearers for Frank Slavicek

Wm. McCarty
 A.E. Gonzales Jr.
 J.A. Giscopazzi
 Arnaldo Toso
 S.E. Wood
 John McGarry

Contributory Causes.....

Certifying Physician Vernon Silvershield, Coroner
 (or Coroner)

His Address.....

Name of Father Charles Slavicek

His Birthplace.....

Maiden Name of Mother Unknown

Her Birthplace.....

Motor } Remains to
 Ship }

Size of Casket # 8 - Grey (State Color and Number)

Manufactured by Golden State L.A.

Cemetery } Catholic Cem. Los Angeles
 Crematory }



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.....

Complete Funeral (except outlays) \$ 145 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress & Underwear & Hat (State Kind and Color) 20.60
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 1 Grave 25.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15.00
 line Death Notices in Papers Index 2.58
 (Names of Newspapers)
 Sales Tax 2.63
 Total Footing of Bill \$ 250.81
 Less 8.00 20 days \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE <u>6/3</u>	No. <u>9405-Slip cap</u>	Cov. <u>Gray doe</u>	To Balance Forward		\$
DESCRIPTION: <u>lined Sunray Rd. Pillow</u>			By Payment		\$
HANDLES: <u>382- d.s</u>			<u>on acct</u>	<u>100</u>	\$
			<u>Vanora Silvershield</u>	<u>85.64</u>	\$
			<u>April 1, 1950</u>	<u>55</u>	\$
			<u>April 7, 1950</u>		\$
			<u>"</u>		\$
			<u>"</u>		\$
			<u>"</u>		\$
			<u>"</u>		\$

Insurance \$ 85.00 in Bank Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 23 1950

Name of Deceased Otto Drucks (What Race) white

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Sanoma Aug. El Verano ☐ Husband ☐ Wife ☐ Widow or of } Age of Husband or Wife (if living) Years

Charge to: Stella M. Gull

Address: Electrician

Order given by: Kruger, Attorney (or informant)

How Secured:

If Veteran, State War no

Occupation: Chicken Rancher (Social Security Number) None

Employer and Address

Date of Death: February 23, 1950 3:30 P.M.

Date of Birth: Oct 27, 1864

Age: 85 (Years) (Months) (Days)

Date of Funeral: Feb 25 Sat 9:30 A.M. (Date) (Day of Week) (Hour)

Place of Burial: St. Francis Church

Religion of the Deceased: Catholic

Place of Birth: Germany

State: California (or U.S. or City or County) (Years) (Months)

Death: Sanoma County Hospital

Death: Cerebral Arteriosclerosis

Contributory Causes:

Certifying Physician: H. Bonny M.D. (or Coroner)

His Address: Sanoma County Hospital

Name of Father: Carl Drucks

His Birthplace:

Maiden Name of Mother: Maria Drucks

Her Birthplace:

Motor } Remains to
Ship }

Size of Casket: 17 (State Color and Number)

Manufactured by: Casket Co.

Cemetery: Mt. Cem. Sonoma

Crematory:

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner:

Complete Funeral (except outlays) \$ 220.00

Casket \$ 15.00

Burial Vault or Box (State Kind) \$ 15.00

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ \$

Dressing Body, \$ Underwear, \$ \$

Suit or Dress (State Kind and Color) \$ 15.00

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Door Spray, \$ Gloves, \$ \$

Funeral Car, \$ Ambulance, \$ \$

Limousines to Cemetery @ \$ \$

Extra Limousines @ \$ \$

Autos to R. R. Station @ \$ \$

Getting Remains from \$

Taking Remains to \$

Trip to Coroner's In \$

Delivering Box to \$

Deliver Flowers to \$

Removal Charges \$

Procuring Burial Permi \$

— Certif. Copies of Death \$

Pall Bearer Service, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$

Flowers, \$ Casket \$

Rental of Tent, \$ of Temp \$

Opening of Grave or Tomb \$

Lining Grave, \$ Lowering Service, \$ \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$ \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$ \$

Telegr., Phone, Cable or Radio Charges \$

Cash Advanced \$

Out of town Undertaker's Charges \$

Personal Service \$

..... line Death Notices in Mass \$

..... Index Tribune \$

..... Commercial \$

Sales Tax \$ 3.25

Total Footing of Bill \$ 328.25

Less \$ 117.50

Balance \$

Entered into Ledger, page or below.

DATE	ORDER NO.	Amount Paid	Balance	Date	Amount Paid	Balance
1/16/50						
SIZE	6/3	No. 9405- #. Slip Cap	Cov. Gray Doe	To Balance Forward		
DESCRIPTION	lined Sunray Rd. Pillow			By Payment	\$ 328.25	
HANDLES:	382- Hd 19			"		
				"		
				"		
				"		
				"		
				"		
				"		
				"		

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

181

Total No. Yearly No. Date of Entry Feb 26 19 50

Name of Deceased Carlo Eugene Conedera
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Box 299 Sonoma ☐ Husband ☐ Wife ☐ Widow Mary
 or of Age of Husband or Wife (if living) Years

Charge to Frances Ghiggoli
 Address P.O. Box 286 Sonoma

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Barber - (Social Security Number)

Employer and Address

Date of Death Feb 26, 1950 10:20 AM
 (Date) (Hour)

Date of Birth June 4, 1890
 (Date)

Age 59
 (Years) (Months) (Days)

Date of Funeral Mar 1 - Wed 9:30 A.M.
 (Date) (Day of Week) (Hour)

St. Francis Church

Pall Bearers for Conedera

Victor Leveroni
 Bob Morgan
 Mike Kiser
 Conrad Jacober
 Carl Jacober
 John Riebli

Certifying Physician (or Coroner)

His Address

Name of Father Eugene Conedera

His Birthplace

Maiden Name of Mother Olga Vacosta

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 9x05 Grey box
 (State Color and Number)

Manufactured by S. F.

Cemetery } Catholic Cem. - Sonoma
 Crematory }

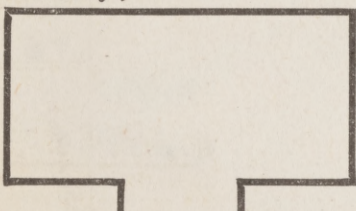


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 220 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$ 20 91

Suit or Dress 18.30 underwear 4.61 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$ 11.0

Limousines to Cemetery @ \$ 15

Extra Limousines @ \$ 12.5

Autos to R. R. Station @ \$ 3

Getting Remains from: \$ 3.75

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

tal Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot 1. grave \$ 25 -

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 25 -

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service mass \$ 15 00

..... line Death Notices in Papers

..... Index Tribune \$ 2 58
 (Names of Newspapers)

.....

Sales Tax \$ 3 75

Total Footing of Bill \$ 327 24

Less 11.75 - 30 day \$ 11 75

Balance \$ 315 49

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar 7, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>March 26</u>	" <u>Jo Hill</u>	\$ <u>315.49</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)

maturity at the rate of % per annum. days from date. Interest to accrue from

Witness Signed

Address

RECORD OF FUNERAL

181

Total No. Yearly No. Date of Entry Feb 26 19 50
 Name of Deceased Carlo Eugene Conedera
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W
 Residence Rt 2 Box 299 Sonoma ☐ Husband ☐ Wife ☐ Widow Mary
 Charge to Frances Chigoli or of Age of Husband or Wife (if living) Years
 Address P.O. Box 286 Sonoma
 Order given by (or informant)
 How Secured
 If Veteran, State War no
 Occupation Labarer - (Social Security Number)
 Employer and Address
 Date of Death Feb 26, 1950 10:20 AM (Date) (Hour)
 Date of Birth June 4, 1890 (Date) (Month) (Day)
 Age 59 (Years) (Months) (Days)
 Date of Funeral Mar 1, 1950 9:30 AM (Date) (Day of Week) (Hour)
St. Francis Church

Pall Bearers for Conedera

Victor Leveroni
 Bob Morgan
 Mike Kiser
 Conrad Jacober
 Carl Jacober
 John Riebli

Certifying Physician (or Coroner)
 His Address
 Name of Father Eugene Conedera
 His Birthplace
 Maiden Name of Mother Olga Vacosta
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 9x05 Grey (State Color and Number)
 Manufactured by S. F.
 Cemetery } Catholic Cem. Sonoma
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 220 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 18.30 Underwear 4.61 22.91
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 1 grave 25 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15.00
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 3.75
 Total Footing of Bill \$ 327.24
 Less 11.75 - 30 day \$ 11.75
 Balance \$ 315.49
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar 7, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>March 26</u>	" <u>Jo full</u>	\$ <u>315.49</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 26 1950

Name of Deceased Jack Ludwig Anderson (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence 1202 Evelyn Ave Berkeley, Cal ☐ Husband ☐ Wife ☐ Widow Hilda
or of Age of Husband or Wife (if living) Years

Charge to Mrs. Hilda Anderson

Address 1202 Evelyn Ave Berkeley, Cal

Order given by Co-operative Mortuary
(or informant)

How Secured Virginia, Minnesota

If Veteran, State War None

Occupation Retired farmer (Social Security Number) None

Employer and Address

Death Feb. 26, 1950 (Date) 11:05 (Hour)

Birth December 26, 1878 (Date) (Month) (Day)

Funeral Feb. 27, Mon. (Date) (Day of Week) 7:30 P. M. (Hour)

at Virginia, Minnesota (Address)

an (Address)

of the Deceased

ce Finland

in the State (or U. S. or City or County) (Years) (Months)

Death Boyes, Not Springs

Death See Certificate

tory Causes

ng Physician Vernon Silverfield
(or Coroner)

ress Santa Rosa, Calif.

f Father Santa Rosa

hplace

Name of Mother Helene Sophia

hplace

Remains to

Casket 7 ft. Steel Case (State Color and Number)

ctured by Golden Rule Casket Co.

ry Virginia, Minnesota

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 160

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers 163.59
(Names of Newspapers)

Sales Tax Out of State

Total Footing of Bill \$ 333.59

Less Expenses \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

181

Total No. Yearly No. Date of Entry Feb 26 19 50
 Name of Deceased Carlo Eugene Conedera
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt 2 Box 299 Sonoma ☐ Husband ☐ Wife ☐ Widow Mary
 or of Age of Husband or Wife (if living) Years
 Charge to Frances Chiggoli
 Address P.O. Box 286 Sonoma
 Order given by (or informant)
 How Secured
 If Veteran, State War no
 Occupation Barber (Social Security Number)
 Employer and Address
 Date of Death Feb 26, 1950 10:20 AM
 Date of Birth June 4, 1890
 Age 59 (Years) (Months) (Days)
 Date of Funeral Mar 1, 1950 Wed 9:30 AM
 (Date) (Day of Week) (Hour)
St. Francis Church

Complete Funeral (except outlays) \$ 220 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 18.30 Underwear & socks 4.61 22.91
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$ 11.00
 Limousines to Cemetery @ \$ 15
 Extra Limousines @ \$ 12.50
 Autos to R. R. Station @ \$ 3
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot 1 grave 25 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero- plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15.00
 line Death Notices in Papers 2.58
 (Names of Newspapers)
 Sales Tax 3.75
 Total Footing of Bill \$ 327.24
 Less 11.75 - 30 day \$ 11.75
 Balance \$ 315.49
 Entered into Ledger, page or below.

Pall Bearers for Conedera

Victor Leveroni
 Bob Morgan
 Mike Kiser
 Conrad Jacober
 Carl Jacober
 John Riebli

Certifying Physician (or Coroner)
 His Address
 Name of Father Eugene Conedera
 His Birthplace
 Maiden Name of Mother Olga Vacaeta
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 9405 Grey (State Color and Number)
 Manufactured by 17
 Cemetery } Catholic Cem. Sonoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Mar 7, 1950	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry February 26 1950

Name of Deceased Jack Ludwig Anderson white (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: 1202 Evelyn Ave Berkeley, Cal ☐ Husband ☐ Wife ☐ Widow Widow or of Age of Husband or Wife (if living) Years

Charge to: Mrs. Hilda Anderson

Address: 4 William Paayala - Sinclair Service Station Iron, Minnesota

Order given by: Co-operative Mortuary (or informant)

How Secured: Virginia, Minnesota

If Veteran, State War None

Occupation: Retired farmer none (Social Security Number)

Employer and Address

Death: Feb. 26, 1950 11:05 (Date) (Hour)

Birth: December 26, 1878 (Date) (Month) (Day)

Funeral: Feb. 27, Mon. 7:30 P. M. (Date) (Day of Week) (Hour)

at: Virginia, Minnesota (Address)

of the Deceased Finland

in the State Boyes Not Springs (or U. S. or City or County) (Years) (Months)

Death: See certificate

utory Causes

ng Physician: Vernon Silvershield (or Coroner)

ress: Santa Rosa, Calif.

f Father: Santa Rosa

thplace

Name of Mother: Felienne Sophia

thplace

Remains to

Casket: 789 Steele Hwy. (State Color and Number)

etured by: Golden Star Casket Co. (Names of News Papers)

ry Virginia, Minnesota

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

— Certif. Copies of Death C (State)

Pall Bearer Service, \$ U

Gross Total for Sales Tax

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ of Temp

Rental of Tent, \$ of Temp

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers 163.59

Sales Tax Out of State

Total Footing of Bill \$ 323.59

Less: Expenses \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

RECORD OF FUNERAL

181

Total No. Yearly No. Date of Entry Feb 26 19 50

Name of Deceased Carlo Eugene Conedera (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 2 Box 299 Sonoma ☐ Husband ☐ Wife ☐ Widow Mary or of Age of Husband or Wife (if living) Years

Charge to Frances Ghiggoli

Address P.O. Box 286 Sonoma

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Laborer (Social Security Number)

Employer and Address

Date of Death Feb 26, 1950 10:20 AM (Date) (Hour)

Date of Birth June 4, 1890 (Date) (Month) (Day)

Age 59 (Years) (Months) (Days)

Date of Funeral Mar 1, 1950 9:30 AM (Date) (Day of Week) (Hour)

Services at St Francis Church

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital (State Number and District)

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Eugene Conedera

His Birthplace

Maiden Name of Mother Olga Vacosta

Her Birthplace

Motor Ship } Remains to

Size of Casket 9405 Grey (State Color and Number)

Manufactured by S. J.

Cemetery } Catholic Cem - Sonoma

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 220

Casket \$ 15

Burial Vault or Box \$ 15

Embalming Body \$ 15

Barber, \$ Hair Dressing, \$ (Name of Embalmer)

Dressing Body, \$ Underwear, \$ (State Kind and Color)

Suit or Dress 18.30 Underwear \$ 4.61 \$ 20.91

Slippers, \$ Hose, \$ (State Kind and Color)

Folding Chairs, \$ Tarpaulin, \$ (State Kind and Color)

Candelabrum, \$ Candles, \$ (State Kind and Color)

Door Spray, \$ Gloves, \$ (State Kind and Color)

Funeral Car, \$ Ambulance, \$ (State Kind and Color)

Limousines to Cemetery @ \$ (State Kind and Color)

Extra Limousines @ \$ (State Kind and Color)

Autos to R. R. Station @ \$ (State Kind and Color)

Getting Remains from \$ 3.75

Taking Remains to \$ 3.75

Trip to Coroner's Inquest \$ 3.75

Delivering Box to \$ 3.75

Deliver Flowers to \$ 3.75

Removal Charges \$ 3.75

Procuring Burial Permit \$ 3.75

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ (State Physician's or Coroner's)

Gross Total for Sales Tax \$ 3.75

Outlay for Lot \$ 3.75

Cremation \$ 3.75

Flowers, \$ Palms, \$ Matting, \$ (State Physician's or Coroner's)

Rental of Tent, \$ of Temporary Vault, \$ (State Physician's or Coroner's)

Opening of Grave or Tomb \$ 3.75

Lining Grave, \$ Lowering Device, \$ (State Physician's or Coroner's)

Outlay for Shipping Charges \$ 3.75

Clergyman, \$ Singers, \$ Organist, \$ (State Physician's or Coroner's)

Railroad or Motor } Tickets, \$ Aero-plane Service, \$ (State Physician's or Coroner's)

Telegr., Phone, Cable or Radio Charges \$ 3.75

Cash Advanced \$ 3.75

Out of town Undertaker's Charges \$ 3.75

Personal Service \$ 3.75

..... line Death Notices in Papers \$ 3.75

..... (Names of Newspapers) \$ 3.75

Sales Tax \$ 3.75

Total Footing of Bill \$ 327.24

Less 11.75 - 30 days \$ 11.75

Balance \$ 315.49

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Mar 1, 1950	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 26 1950

Name of Deceased Sarah A. Carter
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 118 Grant Ave Winters, Calif. ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to: McNary's Mortuary
 Address: Woodland, Calif.

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation at home (Social Security Number)

Employer and Address

Date of Death February 26, 1950 5 P.M. (Date) (Hour)

Date of Birth October 20, 1870 (Date)

Age 79 (Years) (Months) (Days)

Date of Funeral Mar 1 Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Ray P. Squire (Address)

Religion of the Deceased

Birthplace Nebraska

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 850 North East St. Winters, Calif. (State Number and District)

Cause of Death Carcinoma Left Kidney (State Physician's or Coroner's)

Contributory Causes with metastasis

Certifying Physician H. B. Potter M.D. (or Coroner)

His Address Winters, Calif.

Name of Father Asbury Rowe

His Birthplace

Maiden Name of Mother Annabella Bean

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Brought in from McNary's Woodland (State Color and Number)

Manufactured by:

Cemetery } Mt. Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 50.00

Casket \$ 1.50

Burial Vault or Box \$ 5.00

Embalming Body Cemetery service (State Kind) (Name of Embalmer) \$ 5.00

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from marker \$ 2.50
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit \$ 1.00
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 6.50
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Minister themselves \$ 7.50
Mrs. Dan R.
 line Death Notices in Papers \$ 4.00
 (Names of Newspapers)

Sales Tax Box, gloves, marker \$ 3.50

Total Footing of Bill \$ 147.55

Less
 Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
Mar 1, 1950	By Payment <u>Statement</u>	\$	March 11, 1950	By Payment <u>full</u>	\$ <u>147.55</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

183

Total No. Yearly No. Date of Entry March 2 19 50

Name of Deceased Carl Elwood Spinney W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 571 2nd St. East Sonoma ☐ Husband ☐ Wife ☐ Widow } Marie Ellen
 or of } Age of Husband or Wife (if living) Years

Charge to W. C. Bateholder

Address Above

Order given by Marie Ellen Spinney (or informant)

How Secured 1446 Hyde Park Blvd. Chicago, Ill.

If Veteran, State War No

Occupation Engineer Statistician 304-16-3248
 (Social Security Number)

Employer and Address

Date of Death March 2, 1950 10:45 P.
 (Date) (Hour)

Date of Birth June 13, 1904

Age 45
 (Years) (Months) (Days)

Date of Funeral March 4, Sat. 7:20 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel Funeral 3 P. M. - Mar 4

Clergyman Rev. Buttram Sonoma
 (Address)

Religion of the Deceased

Birthplace Massachusetts

Resided in the State 7 m.s.
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Rheumatic Heart

Contributory Causes disease

Certifying Physician Carroll B. Andrews M.D.
 (or Coroner)

His Address Sonoma, Calif.

Name of Father Elwood Spinney

His Birthplace

Maiden Name of Mother Effie Douglas

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket Large
 (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery } Chicago, Ill.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 39.8

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Trav. to Chicago 190.17

line Death Notices in Papers 2.58
 (Names of Newspapers)

4 9/10 4.00

Sales Tax Out of State

Total Footing of Bill \$ 594.75

Less \$ 19.90

Balance \$ 574.85

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>March 18, 1950</u>	<u>Statement to Bateholder</u>			<u>To Balance Forward</u>	
	<u>By Payment</u>		<u>March 26, 1950</u>	<u>"</u>	
	" "			<u>" full</u>	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 5 1950

Name of Deceased Joseph C. Radford (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Santa Rosa Ave. Aguacaliente ☐ Husband ☐ Wife ☐ Widow Eugene

Charge to: Charles J. Radford or of Age of Husband or Wife (if living) Years

Address 33 Atalaya Terrace, S. 4

Order given by above (or informant)

How Secured:

If Veteran, State War No

Occupation Salesman (Social Security Number) none

Employer and Address

Date of Death March 5, 1950 (Date) 5:45 a.m. (Hour)

Date of Birth: (Years) (Months) (Days)

Age: (Years) (Months) (Days)

ACTIVE PALLBEARERS FOR JOSEPH C. RADFORD

Bill Locarnini
Marty Hagan
Arnie Grieve
Harry Brown
Pete Mancuso
Bill Madden

HONORARY

Curt Rich
Ed. Delaney

Name of Father Michael V. Radford

Complete Funeral (except outlays) \$ 398

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress Shirt 3.95 - 12.95 4.07
(State Kind and Color)

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit San Mateo
(State Number and District)
Certif. Copies of Death Certificates No.
(State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax. 2 \$
Outlay for Lot Box, Permit, & Opening 58.33
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping

Received of Bates + Evans
Two Dollars
2% Death - Joseph C. Radford
4955 - 149
\$ 200
D Campbell
Sonoma County Health Department

13135
19
DOLLARS
grave 40
Clerk

anist, \$
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ges
nistry
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ay
rs
nel
ner
ly Cho.
597
522.98
522.98
1.00
523.98

Amount Paid 504.88 Balance

.....	To Above Balance	\$	To Balance Forward	\$
.....	By Payment .....	\$ .....	.....	By Payment .....	\$ .....	.....
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$

Insurance \$ Names of Insurance Companies
Lodges
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

185

Total No. Yearly No. Date of Entry March 6 1950
 Name of Deceased George A. Faraday (What Race) W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence 633 - 6th Ave San Francisco ☐ Husband ☐ Wife ☐ Widow Myra
 or of Age of Husband or Wife (if living) Years
 Charge to Mrs Myra Faraday
 Address 91 Bidlow St San Rafael
 Order given by John 6826 m
 (or informant)
 How Secured :
 If Veteran, State War no
 Occupation Lumber Broker 559-26-1202
 (Social Security Number)
 Employer and Address
 Date of Death March 6, 1950 4:30 a.m.
 (Home)

Complete Funeral (except outlays) \$ 160 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Underwear & Hat 28.60 20.60
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candles \$

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes

No 8657

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Bates, Evans Santa Rosa, California, Mar 7 1950
Sonoma, Calif.
 Crematorium Services For George A. Faraday 45.00
 Memorial Section
 --including endowment fund deposit--
 Tier No.
 Urn Chest Sales Tax
 Flower Service } Twice } Each Week, from to
 { Rental } Once }
 { Care } from to Engraving Permit
 Total 45.00
 Credits
 Received Forty-five and no 100 Dollars 45.00
 Check No. 90-667 Record No. 3879
 Present Balance
 CALIFORNIA CREMATORIUM
 Per B. B. Bates

Her Birthplace N.Y.
 Motor } Remains to
 Ship }
 Size of Casket # 80 Grey Ann
 (State Color and Number)
 Manufactured by Soldier State Casket
 Cemetery } Chapel of the Chimes S.R.
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner



Diagram of Lot or Vault

Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 2.40
 Total Footing of Bill \$ 228.00
 Less 8.00 - 30 days \$ 8.00
 Balance \$ 220.00
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>March 8, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 1, 1950</u>	<u>Jan full</u>	<u>220 -</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 5 1950

Name of Deceased Joseph E. Radford W
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Santa Rosa Ave Agua Caliente ☐ Husband ☐ Wife ☐ Widow Eugene
or of } Age of Husband or Wife (if living) Years

Charge to: Charles J. Radford

Address 33 Atahua Terrace, #4

Order given by above
(or informant)

How Secured:

If Veteran, State War no

Occupation Salesman none
(Social Security Number)

Employer and Address

Date of Death March 5, 1950 5:45 a.m.
(Date) (Hour)

Date of Birth:

Age:

(Years) (Months) (Days)

Complete Funeral (except outlays)	\$ <u>398</u>
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	<u>Shirt 3.95 - 1.24 20¢</u> <u>4.07</u>
	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$

ACTIVE PALLBEARERS FOR
JOSEPH C. RADFORD

Bill Locarnini
Marty Hagan
Arnie Grieve
Harry Brown
Pete Mancuso
Bill Madden

HONORARY

Curt Rich
Ed. Delaney

Office of Holy Cross Cemetery

R No. 13135

MAR 7 1950

Colma, San Mateo Co., Calif.

Received of

In Dor. 25 Station 25 Area 25 Plot 25 Grave 25

In Mausoleum Crypt No.

Clerk

Amount Paid	Balance
504.08	

[illegible]

Insurance \$.....	Names of Lodges.....	Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)		
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from		
maturity at the rate of.....% per annum.		
Signed.....		Address.....
Witness.....		

RECORD OF FUNERAL

185

Total No. Yearly No. Date of Entry March 6 1950
 Name of Deceased George A. Faraday (What Race) W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence 633 - 6th Ave San Francisco ☐ Husband ☐ Wife ☐ Widow Myra
 or of Age of Husband or Wife (if living) Years
 Charge to Mrs. Myra Faraday
 Address 91 Bidlo St San Rafael
 Order given by Ida - 6826 m (or informant)
 How Secured :
 If Veteran, State War no
 Occupation Lumber Broker 559-26-1202 (Social Security Number)
 Employer and Address
 Date of Death March 6, 1950 4:30 a.m. (Hour)

Complete Funeral (except outlays) \$ 160 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Underwear + Sat 28 60 20 60
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candles \$

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8657

RECEIVED FROM M Batis, Evans Santa Rosa, California Mar 7 1950
Sonoma, Calif.
 Crematorium Services For George A. Faraday 45 00
 Memorial Section
 --including endowment fund deposit-- Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Once }
 { Rental }
 { Care } from to Engraving Permit
 Total 45 00
 Credits
 Received Forty-five and no 100 Dollars 45 00
 Present Balance
 CALIFORNIA CREMATORIUM
 Per 6.6. 2050
 Check No. 90-667 Record No. 3879

Her Birthplace N.Y.
 Motor } Remains to
 Ship }
 Size of Casket # 80 Grey Am.
 (State Color and Number)
 Manufactured by Golden State Casket
 Cemetery } Chapel of the Chimes S.R.
 Crematory }

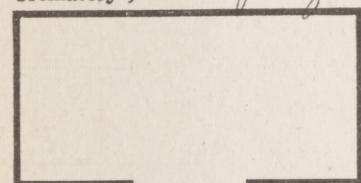


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 2 40
 Total Footing of Bill \$ 228 00
 Less 8 00 - 30 days \$ 2 00
 Balance \$ 2 20
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>March 8, 1950</u>	<u>Statement</u>				
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
	By Payment.....	\$.....		By Payment.....	\$.....
	" ".....	\$.....	<u>April 1, 1950</u>	<u>Full</u>	<u>220 -</u>
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 5 1950

Name of Deceased Joseph E. Radford

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Santa Rosa Ave. Agua Caliente ☐ Husband ☐ Wife ☐ Widow Eugene

Charge to: Charles J. Radford or of Age of Husband or Wife (if living) Years

Address 33 Atalaya Terrace, S. F.

Order given by above (or informant)

How Secured

If Veteran, State War No

Occupation Salesman none (Social Security Number)

Employer and Address

Date of Death March 5, 1950 5:45 a.m. (Date) (Hour)

Date of Birth

Age (Years) (Months) (Days)

Place of Funeral March 7, Mon. 9:30 M. (Date) (Day of Week) (Hour)

Funeral Home St. Francis - (Address)

Funeral Home of the Deceased

Place of Burial S. F. California -

County (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital (State Physician's or Coroner's)

Cause of Death

Contributory Causes

Attending Physician G. R. McSwath, M.D. (or Coroner)

Address Sonoma, Calif.

Name of Father Michael J. Radford

Complete Funeral (except outlays) \$ 398	
Casket	
Burial Vault or Box (State Kind)	
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$	
Suit or Dress Shirt 3.95 - 12.95 4.07 (State Kind and Color)	
Slippers, \$ Hose, \$	
Folding Chairs, \$ Tarpaulin, \$	
Candelabrum, \$ Candles, \$	
Door Spray, \$ Gloves, \$	
Funeral Car, \$ Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit San Mateo (State Number and District)	
___ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$ Use of Chapel, \$	
Gross Total for Sales Tax \$	
Outlay for Lot Box, Permit & Opening 58.33	
Cremation	
Flowers, \$ Palms, \$ Matting, \$	
Rental of Tent, \$ of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$ Lowering Device, \$	
Outlay for Shipping Charges	
Chapman, \$	

RECORD OF FUNERAL

185

Total No. Yearly No. Date of Entry March 6 1950
 Name of Deceased George A. Faraday W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: 633 - 6th Ave San Francisco ☐ Husband ☐ Wife ☐ Widow Myra
 or of Age of Husband or Wife (if living) Years
 Charge to Mrs. Myra Faraday
 Address 91 Biddle St San Rafael
 Order given by Feb. 6 8 26 m.
 (or informant)
 How Secured:
 If Veteran, State War no
 Occupation Lumber Broker 559-26-1202
 (Social Security Number)
 Employer and Address
 Date of Death March 6, 1950 4:30 a.m.

Complete Funeral (except outlays) \$ 160 -
 Casket
 Burial Vault or Box
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candles \$

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8657

RECEIVED FROM M Batis, Evans Santa Rosa, California, Mar 7 1950
Sonoma, Calif.
 Crematorium Services For George A. Faraday 45.00
 Memorial Section
 --including endowment fund deposit--
 Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice Once } Each Week, from to
 { Rental Care } from to Engraving Permit
 Total 45.00
 Credits
 Received Forty five and no 100 Dollars 45.00
 Present Balance
 Check No. 90-667 Record No. 3879 CALIFORNIA CREMATORIUM
 Per B. B. Jones

Her Birthplace N.Y.
 Motor } Remains to
 Ship }
 Size of Casket # 80 Grey Am.
 (State Color and Number)
 Manufactured by Golden State Casket
 Cemetery } Chapel of the Chimes S.R.
 Crematory }

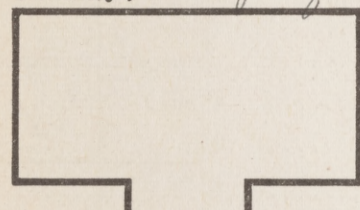


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 2.40
 Total Footing of Bill \$ 228.00
 Less 8.00 - 30 days \$ 8.00
 Balance \$ 220 -
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>March 8, 1950</u>	<u>Statement</u>				
	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "		<u>April 1, 1950</u>	<u>Jan full</u>	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

185

Total No. Yearly No. Date of Entry March 6 1950

Name of Deceased George A. Faraday W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 633 - 6th Ave San Francisco ☐ Husband ☐ Wife ☐ Widow Myra
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Myra Faraday
 Address: 91 Billion St San Rafael

Order given by Feb. 6 8 26 AM
 (or informant)

How Secured:

If Veteran, State War no

Occupation Lumber Broker 559-26-1202
 (Social Security Number)

Employer and Address

Date of Death March 6, 1950 4:30 A.M.
 (Date) (Hour)

Age of Birth Dec. 1, 1881
 (Year) (Month) (Days)

Date of Funeral March 7, Tue 3:30 P.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel of the Chimes

Clergyman: (Address)

Religion of the Deceased

Place of Birth San Francisco, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Imola Hospital, Napa, Cal.
 (State Number and District)

Cause of Death Bilateral Pulmonary T.B.
 (State Physician's or Coroner's)

Contributory Causes Act. 57
Involuntal Psychosis mixed

Certifying Physician W. B. Morell, M.D.
 (or Coroner)

Home Address: Imola, Calif.

Name of Father Richard Faraday

Birthplace England

Maternal Name of Mother Virginia Peterson

Her Birthplace N.Y.

Motor } Remains to
 Ship }

Size of Casket # 80 Grey Am.
 (State Color and Number)

Manufactured by Golden State Casket
 Cemetery } Chapel of the Chimes S.R.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 160 -
 Casket
 Burial Vault or Box
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 2 40
 Total Footing of Bill \$ 228.00
 Less 8.00 - 30 days \$ 2.00
 Balance \$ 2.00
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 8, 1950	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "		April 1, 1950	Jan full	200 -
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 5 1950

Name of Deceased Joseph C. Radford (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow Eugene

Residence Santa Rosa Ave. Agua Caliente or of Age of Husband or Wife (if living) 39 Years

Charge to: Charles J. Radford

Address 33 Atalaya Terrace, S.F.

Order given by above (or informant)

How Secured:

If Veteran, State War No

Occupation Salesman none (Social Security Number)

Employer and Address

Date of Death March 5, 1950 5:45 a.m. (Date) (Hour)

Date of Birth:

Age:

Date of Funeral March 7, Mon. 9:30 a.m. (Date) (Day of Week) (Hour)

Places at St. Francis (Address)

Clergyman

Location of the Deceased

Place S.F. California (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital (State Physician's or Coroner's)

Place of Death

Contributory Causes

Attending Physician A. R. McSwath, M.D. (or Coroner)

Address Sanoma, Calif.

Name of Father Michael O. Radford

Birthplace

Maternal Name of Mother Hughes

Birthplace

Remains to

Color of Casket Laurel (State Color and Number)

Manufacturer by Sutter Casket Co.

Cemetery Holy Cross Cem. San Mateo

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 398

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress Shirt 3.95 - 1.29 Socks (State Kind and Color) 4.07

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit San Mateo (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax 2.58 \$.....

Outlay for Lot Box, Permit, Opening 58.33

Cremation

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad or Motor } Tickets, \$..... Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges

Cash Advanced Priest at Cemetery 5.00

Out of town Undertaker's Charges Mass 2.00

Personal Service Casket Spray 25.00

Line Death Notices in Papers 2.58

Index Index Tribune 7.03

Cemetery Charges at Holy Cross 5.97

Sales Tax

Total Footing of Bill \$ 522.98

Less 19.90 - 30 days \$ 522.98

Balance \$ 1.00

Entered into Ledger, page Card of Thanks or below. 523.98

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$.....		To Balance Forward	\$.....
	By Payment	\$.....		By Payment	\$.....
	" "	\$.....	<u>April 4, 1950</u>	" "	\$.....
	" "	\$.....	<u>Dr. J. J. J.</u>	" "	\$.....
	" "	\$.....	" "	" "	\$.....
	" "	\$.....	" "	" "	\$.....
	" "	\$.....	" "	" "	\$.....
	" "	\$.....	" "	" "	\$.....

Insurance \$..... Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

185

Total No. Yearly No. Date of Entry March 6 1950
 Name of Deceased George A. Faraday (What Race) W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence: 633 - 6th Ave San Francisco ☐ Husband ☐ Wife ☐ Widow Myra
 or of Age of Husband or Wife (if living) Years
 Charge to Mrs Myra Faraday
 Address 91 Billow St San Rafael
 Order given by Feb. 6 8 26 AM (or informant)
 How Secured:
 If Veteran, State War no
 Occupation Lumber Broker 559-26-1202 (Social Security Number)
 Employer and Address
 Date of Death March 6, 1950 4:30 A.M.

Complete Funeral (except outlays) \$ 160 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Underwear 4.20 20.60 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8657

RECEIVED FROM M Bates, Evans Santa Rosa, California, Mar 7 1950
Sonoma, Calif.
 Crematorium Services For George A. Faraday 45.00
 Memorial Section
 --including endowment fund deposit-- Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Once }
 { Rental }
 { Care } from to Engraving Permit
 Total 45.00
 Credits
 Received Forty-five and no 100 Dollars 45.00
 Check No. 90-667 Record No. 3879
 CALIFORNIA CREMATORIUM
 Per 6.6.20

Her Birthplace N.Y.
 Motor } Remains to
 Ship }
 Size of Casket # 20 Gray Lin.
 (State Color and Number)
 Manufactured by Golden State Casket
 Cemetery } Chapel of the Chimes S.R.
 Crematory }

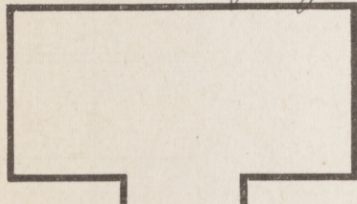


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 2.40
 Total Footing of Bill \$ 228.00
 Less 8.00 - 30 days \$ 8.00
 Balance \$ 220.00
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 8, 1950	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address
 Witness

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 5 1950
 Name of Deceased Joseph C. Radford
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Santa Rosa Ave. Agua Caliente ☐ Husband ☐ Wife ☐ Widow Eugene
 Charge to: Charles J. Radford or of Age of Husband or Wife (if living) Years
 Address 33 Atalaya Terrace, St.
 Order given by above (or informant)
 How Secured:
 If Veteran, State War no
 Occupation Salesman none (Social Security Number)
 Employer and Address
 Date of Death March 5, 1950 (Date)
 Date of Birth:
 Age: (Years) (Months)

Complete Funeral (except outlays) \$ 398
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Shirt 3.95 - 12.50 4.07
 (State Kind and Color)
 Goggles \$ Hose, \$

Date of Funeral March 7, 1950 (Date) Mon. (Day of Week)
 Services at St. Francis
 Undertaker
 Region of the Deceased
 Burial place S. F. California
 Buried in the State (or U. S. or City or Country)
 Cause of Death Community
 Contributory Causes
 Attending Physician A. R. Mc
 Address Los Angeles, Cal.
 Name of Father Michael

Birthplace
 Maiden Name of Mother Hughes
 Birthplace
 Remains to
 Type of Casket Laurel (State Color and Number)
 Manufactured by Sutter Casket Co.
 Cemetery Holy Cross Cem. San Mateo
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Removal Tickets, \$
 or Motor
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced Priest at Cemetery 5.00
 Out of town Undertaker's Charges Mass 2.00
 Personal Service Casket Spray 25.00
 Line Death Notices in Papers
 Index 2.58
 (Names of Newspapers) 7.03
 Cemetery Charges at Holy Cross 5.97
 Sales Tax
 Total Footing of Bill \$ 522.98
 Less 19.90 - 20 days 522.98
 Balance \$ 1.00
 Entered into Ledger, page Card of Thanks or below 523.98

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 4, 1950</u>	" "	\$ <u>504.08</u>
	" "	\$	<u>Dr. J. C.</u>	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

185

Total No. Yearly No. Date of Entry March 6 1950

Name of Deceased George A. Faraday
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 633 - 6th Ave San Francisco
☐ Husband ☐ Wife ☐ Widow ☐ Orphan ☐ of Myra Age of Husband or Wife (if living) Years

Charge to Mrs. Myra Faraday
 Address 91 Billou St San Rafael

Order given by Feb. 6 1950
 (or informant)

How Secured:

If Veteran, State War no

Occupation Lumber Broker 559-26-1202
 (Social Security Number)

Employer and Address

Date of Death March 6, 1950 4:30 A.M.
 (Date) (Hour)

Age of Birth 68 3 5
 (Years) (Months) (Days)

Date of Funeral March 7 Tue 3:30 P.M.
 (Date) (Day of Week) (Hour)

Services at: Chapel of the Chimes

Clergyman: (Address)

Place of the Deceased

Place of Death San Francisco, Calif.

Residence in the State (or U. S. or City or County) (Years) (Months)

Place of Death Imola Hospital Napa, Cal.

Cause of Death Bilateral Pulmonary I. B.

Contributory Causes Act. 59

Medical History Involuntal Psychosis mixed

Certifying Physician W. B. Imarelli M.D.
 (or Coroner)

Place of Birth Imola, Calif.

Name of Father Richard Faraday

Place of Birth England

Married Name of Mother Virginia Petterson

Her Birthplace N.Y.

Motor Ship } Remains to

Size of Casket # 80 Grey Am.
 (State Color and Number)

Manufactured by Golden State Casket

Cemetery } Chapel of the Chimes S.R.
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays).....	\$ 160 -
Casket.....	
Burial Vault or Box.....	
Embalming Body.....	
Barber, \$.....	
Hair Dressing, \$.....	
Dressing Body, \$.....	
Underwear, \$.....	
Suit or Dress.....	20.60
Slippers, \$.....	
Hose, \$.....	
Folding Chairs, \$.....	
Tarpaulin, \$.....	
Candelabrum, \$.....	
Candles, \$.....	
Door Spray, \$.....	
Gloves, \$.....	80
Funeral Car, \$.....	
Ambulance, \$.....	
Limousines to Cemetery.....	@ \$ 2.40
Extra Limousines.....	@ \$
Autos to R. R. Station.....	@ \$
Getting Remains from.....	
Taking Remains to.....	
Trip to Coroner's Inquest.....	
Delivering Box to.....	
Deliver Flowers to.....	
Removal Charges.....	
Procuring Burial Permit.....	
Certif. Copies of Death Certificates No.....	
Pall Bearer Service, \$.....	
Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$
Outlay for Lot.....	45.00
Cremation.....	
Flowers, \$.....	
Palms, \$.....	
Matting, \$.....	
Rental of Tent, \$.....	
of Temporary Vault, \$.....	
Opening of Grave or Tomb.....	
Lining Grave, \$.....	
Lowering Device, \$.....	
Outlay for Shipping Charges.....	
Clergyman, \$.....	
Singers, \$.....	
Organist, \$.....	
Railroad } Tickets, \$.....	
or Motor } Aero-plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges.....	
Cash Advanced.....	
Out of town Undertaker's Charges.....	
Personal Service.....	
.....line Death Notices in.....	Papers
(Names of Newspapers)	
Sales Tax.....	2.40
Total Footing of Bill.....	\$ 228.00
Less <u>800</u> - <u>30 days</u>	\$ 2.00
Balance.....	\$ 2.00
Entered into Ledger, page.....	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 8, 1950	Statement				
To Above Balance.....	\$		To Balance Forward.....	\$	
By Payment.....	\$		By Payment.....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 10 1950

Name of Deceased Charles W. Hobart (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence P.O. Box 145, Boyes Springs, Calif. ☐ Husband ☐ Wife ☐ Widow } Margaret
or of } Age of Husband or Wife (if living) Years

Charge to Chas. Bradford Hobart

Address of Mrs. Margaret Hobart

Order given by Above
(or informant)

How Secured

If Veteran, State War No.

Occupation Eng. Lucas Oil Co. No.
(Social Security Number)

Employer and Address

Date of Death March 10, 1950 7:00 P.M.
(Date) (Hour)

Date of Birth May 26, 1883

Age 64 9 14
(Years) (Months) (Days)

Date of Funeral Mar. 11 - Sat. 2 P. M.
(Date) (Day of Week) (Hour)

Complete Funeral (except outlays) \$ <u>235</u>	
Casket	
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

Nº 8665

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Ernest Evans Santa Rosa, California March 11, 1950

Crematorium Services For	Charles H. Hobart			4500
Memorial Section				
--including endowment fund deposit--		Tier	No	

Urn	Chest	Sales Tax
-----	-------	-----------

Flower Service	Twice Once	Each Week, from	to
----------------	---------------	-----------------	----

{ Rental Care }	from	to	Engraving	Permit
--------------------	------	----	-----------	--------

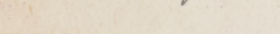
	Total	4500
--	-------	------

Credited

Received	Forty Five and No/100	Dollars	45.00
----------	-----------------------	---------	-------

Check No. 90-667 Record No. 3883 Present Balance
CALIFORNIA CREMATORIUM
Per Pat Crocker

Cemetery Crematory	Chapel of the Ethers	(Names of Newspapers)

	Lot No.	Sales Tax
	Grave No.	Total Footing of Bill
	Section No.	Less <i>11.75 - 30 days -</i>
	Block No.	Balance
	Owner	Entered into Ledger, page or below.

[illegible]

	Expense	Date	Amount
	San Diego, Inc.		

SIZE 6/3	No. 9405-Slip cap	Cov. Gray	To Balance Forward.....
----------	-------------------	-----------	-------------------------

DESCRIPTION: Tiled Sunray Rd. Pillow	By Payment.....	\$.....
--------------------------------------	-------	-----------------	---------

			"	"	\$290
--	--	--	---	---	-------

.....\$..... Mar 14 1961\$.....

HANDLES: 1 Doz. 382 Halls

.....

.....	“	“	\$	\$	“	“	\$
-------	-------	---	---	-------	----	-------	----	-------	-------	---	---	-------	----	-------

	"	"	\$	\$	"	"	\$
--	---	---	----	----	---	---	----

[illegible]

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within _____ days from date.

maturity at the rate of% per annum.

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

187

Total No. Yearly No. Date of Entry March 9 1950

Name of Deceased Elsie Beale W.
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home - Eldredge ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to W. Butler

Address A. R. Winstead

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address

Date of Death March 9, 1950 10:10 A
 (Date) (Hour)

Date of Birth July 7, 1895
 (Date)

Age 54 (Years) (Months) (Days)

Date of Funeral March 13 - Mon 11:00 A
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: (Address)

Complete Funeral (except outlays)	\$ 36.50
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	

FORM 184 - 7-49 - 5M



OFFICIAL RECEIPT OF
Cypress Lawn Memorial Park
 P. O. BOX 397, COLMA 25, CALIFORNIA
 TELEPHONE JUNIPER 5-0580

P 3683

DATE Mar. 13, 1950

THE SUM OF One Hundred Eighty Three + 05/100 DOLLARS \$ 183.05

AS PAYMENT ON Grave 5 NO. 5 DIV. 251 SECTION 5

REMARKS: opening + liner + Burial Tax (Elsie Beale-Ad)

RECEIVED FROM: Bates + Evans

CASH		MONEY ORDER		MAIL	
CHECK	<u>90-667</u>			AT OFFICE	
				COLLECTOR	

Sonoma, Calif.

BALANCE \$ Infull

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY C. Peters

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Cypress Lawn - Colma, Calif.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

...line Death Notices in ... Papers	
<u>Casket Spray</u>	<u>15.00</u>
Sales Tax	<u>5.48</u>
Total Footing of Bill	<u>586.03</u>
Less <u>181.25 - 30 days</u>	<u>181.25</u>
Balance	<u>567.78</u>
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

187

Total No. Yearly No. Date of Entry March 9 1950

Name of Deceased Elsie Beale W.
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home Eldridge ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to W. Butler

Address A. R. Ginstead

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address

Date of Death March 9, 1950 10:10 A.
 (Date) (Hour)

Date of Birth July 7, 1895
 (Date) (Day of Week) (Hour)

Age 54
 (Years) (Months) (Days)

Date of Funeral March 13 - Mon 11:00 A.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: (Address)

Complete Funeral (except outlays) \$ 36.50

Casket
 Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest

FORM 184 - 7-49 - 5M



OFFICIAL RECEIPT OF Cypress Lawn Memorial Park

P. O. BOX 397, COLMA 25, CALIFORNIA
 TELEPHONE JUNIPER 5-0580

P 3683

DATE Mar. 13, 1950
 THE SUM OF One Hundred Eighty Three + 25/100 DOLLARS \$ 183.25

AS PAYMENT ON Grave 5 DIV. 251 SECTION Spurce 5

REMARKS: opening + liner + Burial Tax (Elsie Beale-Beal)
Bates + Evans

RECEIVED FROM: Sonoma, Calif.

CASH	MONEY ORDER	MAIL
CHECK <u>90-667</u>		AT OFFICE
		COLLECTOR

THE CYPRESS LAWN
 CEMETERY ASSOCIATION

BY C. Peters

BALANCE \$ Infull

Size of Casket (State Color and Number)

Manufactured by
 Cemetery } Cypress Lawn, Colma, Calif.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax \$ 5.48
 Total Footing of Bill \$ 586.03
 Less 183.25 - 30 days \$ 182.50
 Balance \$ 567.78

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$ <u>567.78</u>	\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Witness Address

RECORD OF FUNERAL

187

Total No. Yearly No. Date of Entry March 9 1950

Name of Deceased Elaine Beale
☒ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma State Home, Eldridge ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to W. Butler
 Address P. R. Grinstead

Order given by (or informant)

How Secured:
 If Veteran, State War no

Occupation none (Social Security Number)

Employer and Address

Date of Death March 9, 1950 10:10 A
 (Date) (Hour)

Date of Birth July 7, 1895
 (Date)

Age 54 (Years) (Months) (Days)

Date of Funeral March 13 - Mon 11:00 A
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: (Address)

igion of the Deceased

thplace California

ided in the State (or U. S. or City or County) (Years) (Months)

ce of Death Sonoma State Home

se of Death Rheumatic heart disease

tributory Causes deafness

tifying Physician Daniel Lieberman M.D.
 (or Coroner)

Address Eldridge, California

me of Father Andrew Beale

Birthplace

iden Name of Mother Sarah Elizabeth Mitchell
 (or Coroner)

r Birthplace

or } Remains to

Size of Casket 1 (State Color and Number)

Manufactured by

Cemetery } Cypress Lawn, Colma, Calif.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays)	\$ 36.50
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	2.00
Certif. Copies of Death Certificate No.	
Pall Bearer Service, \$	
Gross Total for Sales Tax	\$
Outlay for Lot, \$	
Cremation	18.10
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	10.00
line Death Notices in Papers	
Casket Spray	15.00
Sales Tax	5.48
Total Footing of Bill	\$ 586.03
Less <u>18.25 - 30 days</u>	\$ 18.25
Balance	\$ 567.78
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 15 19 50

Name of Deceased Robert John Barnhart W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1214 - 23rd Ave. S. E. ☐ Husband ☐ Wife ☐ Widow }
 Charge to: John E. Barnhart or of } Age of Husband or Wife (if living) Years

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none no
 (Social Security Number)

Employer and Address

Date of Death March 15, 1950 9:25 P.
 (Date) (Hour)

Date of Birth May 5, 1937
 (Years) (Months) (Days)

Age 12

Date of Funeral March 18, Sat 9 A. M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis Church

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Calif.

Resided in the State Life
 (or U. S. or City or County) (Years) (Months)

Place of Death Sanoma State Home

Cause of Death Inquest Pending

Contributory Causes:

Certifying Physician Vernon Silverhill, Coroner
 (or Coroner)

His Address Santa Rosa, Calif.

Name of Father John E. Barnhart

His Birthplace

Maiden Name of Mother Sylvia Juccers

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 5/6 - white Lamb
 (State Color and Number)

Manufactured by: S. F.

Cemetery } Holy Cross San Mateo Co.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 80

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 3

Door Spray, \$ Gloves, \$ 240

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mrs. M. L. S. 15 -

Casket Spray 25 00

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 2 40

Total Footing of Bill \$ 202 40

Less 8 00 Coal disc \$ 8 00

Balance \$ 174 40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment <u>Mar 17, 1950</u> <u>Full</u> <u>194.40</u>	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

189

Total No. Yearly No. Date of Entry March 16 1950
 Name of Deceased Louis - Bartell
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.
 Residence: P.O. 96 Sonoma ☐ Husband ☐ Wife ☐ Widow } Mollie
 Charge to: Mrs. Mollie Bartell or of } Age of Husband or Wife (if living) Years
 Address: Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War no
 Occupation Retired Landscape Gardener
 Employer and Address (Social Security Number) 570-24-2759
 Date of Death March 16, 1950 5:40 P.
 Date of Birth July 8, 1880 (Date) (Hour)
 Age 69 (Years) (Months) (Days)

Pallbearers for Bartell

Alton Downey
 Frank Hahn
 Victor Lindahl
 Frank Smith
 Herbert Holloway
 Spencer Rees

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$ 16.50
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$ 48.45
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 Burial Service (State Physician's or Coroner's)
 Use of Chapel

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8683

RECEIVED FROM M Bates & Evans Santa Rosa, California, March 18, 1950
Sonoma, Calif.
 Crematorium Services For Louis Bartell 4500
 Memorial Section
 --including endowment fund deposit--
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Rental } { Care } from to Engraving Permit
 Total 4500
 Credits
 Received Forty five out No 100 Dollars 4500
 Check No. 90-667 Record No. 3889 Present Balance
 CALIFORNIA CREMATORIUM Per J. H. Motters
379.43
16.15
363.28

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$ <u>363.28</u>	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	
" "	\$		" "	\$	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
 maturity at the rate of % per annum. days from date. Interest to accrue from
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 16 1950

Name of Deceased Louis - Bartell

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P.O. 96 Sonoma ☐ Husband ☐ Wife ☐ Widow } Mollie

Charge to: Mrs. Mollie Bartell or of } Age of Husband or Wife (if living) Years

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Retired Landscape Gardener

Employer and Address (Social Security Number) 570-24-2759

Date of Death March 16, 1950 2:40 P. (Date) (Hour)

Date of Birth July 8, 1880

Age (Years) (Months) (Days)

Pallbearers for Bartell

Alton Downey
Frank Hahn
Victor Lindahl
Frank Smith
Herbert Holloway
Spencer Rees

Complete Funeral (except outlays)	\$ 323	-
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$	Hair Dressing, \$	
Dressing Body, \$	Underwear, \$	
Suit or Dress		
Slippers, \$	Hose, \$	16.50
Folding Chairs, \$	Tarpaulin, \$	3
Candelabrum, \$	Candles, \$	48.45
Door Spray, \$	Gloves, \$	
Funeral Car, \$	Ambulance, \$	
Limousines to Cemetery	@ \$	
Extra Limousines	@ \$	
Autos to R. R. Station	@ \$	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		
Certif. Copies of Death Certificates No.		
Pall Bearer Service, \$	Use of Chapel, \$	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		45
Flowers, \$	Palms, \$	
Matting, \$		
Device, \$		
Organist, \$		
Service, \$		
arges		
apers		
ribune		2.58
at		4.00
		4.85
		379.43
Less 101.15 - 30 days		16.15
Balance		363.28

REIVED OF

March 20, 1950
Bates & Evans

Ring & Masonic Apron Dollars
m, Louis Bartell (deceased)

Mollie Bartell
Widow

Block No.
Owner

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$ 363.28	
" "	\$		"		
" "	\$		"		
" "	\$		"		
" "	\$		"		
" "	\$		"		
" "	\$		"		

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness Signed
Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 15 19 50

Name of Deceased... Robert John Barnhart W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1214 23rd Ave. S. S. F. ☐ Husband ☐ Wife ☐ Widow }
or of } Age of Husband or Wife (if living) Years

Charge to: John E. Barnhart.....
Address: Above.....

Complete Funeral (except outlays).....	\$	<u>160</u>	-
--	----	------------	---

Order given by..... (or informant)	.....	.....
.....	Burial Vault or Box..... (State Kind)	.....

How Secured:	Embalming Body	(State and) (Name of Embalmer)
--------------------	----------------------	-----------------------------------

If Veteran, State War <u>no</u>		Barber, \$.....	Hair Dressing, \$.....
---------------------------------	--	-----------------	------------------------

Occupation None no (Social Security Number) no

Employer and Address Slippers, \$..... Hose, \$.....

Date of Death March 15, 1950 9:25 P.
(Date) (Hour)

Date of Birth. May 5, 1937.....

Age. 24
 (Years) (Months) (Days)

Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$

Date of Funeral March 18 Sal 9.45 A.M.
 (Date) (Day of Week) (Hour)

Extra Limousines @ \$
 Autos to R. R. Station @ \$

Services at: *St Francis Church*.....

Clergyman:.....

Religion of the Deceased Catholic (Address) Trip to Coroner's Inquest

Birthplace *Calif*

Resided in the State.....	Removal Charges.....
.....	Procuring Burial Permit.....

Place of Death Sonoma State Home — Certif. Copies of Death Certificate

Cause of Death: *Inquest Pending*.....

Contributory Causes.....	Gross Total for Sales Tax.....
	Outlay for Lot:

Cremation.....

Certifying Physician. Vernon Silverhead ✓

His Address Santa Rosa Calif

Name of Father.....John E. Barn.....

His Birthplace.....

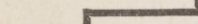
Maiden Name of Mother.....*Sylvia Irene*.....

Her Birthplace.....

Motor } Remains to
Ship }

Size of Casket... *5/6 - white lamb*
(State Color and Number)

Manufactured by: S. F.
Cemetery } Holy Cross San Mateo
Crematory }

	Lot No.....
	Grave No.....
	Section No.....
	Block No.....
	Owner.....

Date		Amount Paid
To Above Balance.....		\$.....
By Payment.....		\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....
" "	\$.....	\$.....

NOTARIED ALBUQUERQUE
 1950

Mar 17, 1950
 J. J. [Signature]
 194.40

Insurance \$	Names of Lodges	Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 16 1950

Name of Deceased Louis - Bartell
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: P. O. 96. Sonoma ☐ Husband ☐ Wife ☐ Widow } Mollie
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Mollie Bartell

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Retired Landscape Gardener
 (Social Security Number) 570-24-2759

Employer and Address

Date of Death March 16, 1950 5:40 P.
 (Date) (Hour)

Date of Birth July 8, 1880
 (Date)

Age (Years) (Months) (Days)

Date of Funeral March 18, Sat. 10:40 A.
 (Date) (Day of Week) (Hour)

Place of Funeral: Chapel

Funeral Director: Rev. Terrell + Masonic Service
 (Address)

Place of the Deceased

Place of Death Ohio

Place of Death Community Hospital
 (or U. S. or City or County) (Years) (Months)

Cause of Death Myocardial failure

Contributory Causes

Attending Physician Michael M. Minko MD

Complete Funeral (except outlays) \$ 323 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 16.50

Folding Chairs, \$ Tarpaulin, \$ 3

Candelabrum, \$ Candles, \$ 48.50

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation 45 -

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent \$ of Temporary Vault, \$

Device, \$

Organist, \$

Service, \$

arges

S.

use

Papers 2.58

ribune 4.00

at 4.85

..... \$ 379.43

Less \$ 16.15

Balance \$ 363.28

Entered into Ledger, page or below.

RECEIVED OF

March 20, 1950
 Bates & Evans

Ring & Masonic Apron Dollars
 Louis Bartell (deceased)

Mollie Bartell
 Widow

Block No.

Owner

am of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$	\$	To Balance Forward	\$	\$
By Payment	\$	\$	By Payment	\$ <u>363.28</u>	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 15 19 50

Name of Deceased Robert John Barnhart W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence 1214 - 23rd Ave. S. E. ☐ Husband ☐ Wife ☐ Widow }
or of } Age of Husband or Wife (if living) Years

Charge to: John E. Barnhart

Address: above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none no
(Social Security Number)

Employer and Address

Date of Death March 15, 1950 9:12 P.
(Date) (Hour)

Date of Birth May 5, 1937
(Date)

Age 12
(Years) (Months) (Days)

Date of Funeral March 18, Sat 9 A. M.
(Date) (Day of Week) (Hour)

Services at: St. Francis Church

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Calif.

Resided in the State Life
(or U. S. or City or County) (Years) (Months)

Place of Death Sanoma State Home

Cause of Death Inquest Pending

Contributory Causes:

Complete Funeral (except outlays).....	\$	160	-
Casket.....			
Burial Vault or Box.....			
Embalming Body.....			
Barber, \$.....			
Dressing Body, \$.....			
Suit or Dress.....			
Slippers, \$.....			
Folding Chairs, \$.....			
Candelabrum, \$.....			
Door Spray, \$.....			
Funeral Car, \$.....			
Limousines to Cemetery.....	@		
Extra Limousines.....	@		
Autos to R. R. Station.....	@		
Getting Remains from:.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....			
Certif. Copies of Death Certificate.....			
Pall Bearer Service, \$.....			
Gross Total for Sales Tax.....			
Outlay for Lot:.....			
Cremation.....			
Flowers.....			

Certifying Physician Vernon Silverfield, Carn
(or Coroner)

His Address Santa Rosa, Calif.

Name of Father John E. Barn

His Birthplace

Maiden Name of Mother Sylvia Fre

Her Birthplace

Motor } Remains to
Ship }

Size of Casket 5/6 - white Lamb
(State Color and Number)

Manufactured by S. F.

Cemetery } Holy Cross San Mateo
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Date	Amount Paid								
	To Above Balance.....								
	By Payment.....	\$							
	" ".....	\$							
	" ".....	\$							
	" ".....	\$							
	" ".....	\$							
	" ".....	\$							
	" ".....	\$							
	" ".....	\$							
	" ".....	\$							

Insurance \$ Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed.....

Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 16 1950

Name of Deceased Louis - Bartell

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: P.O. 96 Sonoma ☐ Husband ☐ Wife ☐ Widow } Mollie or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Mollie Bartell

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Retired Landscape Gardener

Employer and Address 570-24-2759 (Social Security Number)

Date of Death March 16, 1950 2:40 P. (Date) (Hour)

Date of Birth July 8, 1880 (Date) (Hour)

Age (Years) (Months) (Days)

Time of Funeral March 18 Sat 10:40 A.M. (Date) (Day of Week) (Hour)

Places at: Chapel

Clergyman: Rev. Terrell + Masonic Service (Address)

Location of the Deceased (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death Myocardial failure

Contributory Causes

Attending Physician Michael M. Minko M.D. (or Coroner)

Address: Boyes Springs, Calif.

Place of Father Detrich, Joost

Place of Mother Catherine Schumaker

Place of Remains to

Casket # 954 Noeskin Silver (State Color and Number)

Constructed by Golden State Casket

Chapel of the Chimes, S.R.

Lot No. Grave No. Section No. Block No. Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 323 -
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress	
Slippers, \$..... Hose, \$.....	16.50
Folding Chairs, \$..... Tarpaulin, \$.....	3
Candelabrum, \$..... Candles, \$.....	48.45
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Extra Limousines @ \$.....	
Autos to R. R. Station @ \$.....	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Number and District)	
Pall Bearer Service, \$..... Use of Chapel, \$.....	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	45 -
Flowers, \$..... Palms, \$..... Matting, \$.....	
Rental of Tent, \$..... of Temporary Vault, \$.....	
Opening of Grave or Tomb	
Lining Grave, \$..... Lowering Device, \$.....	
Outlay for Shipping Charges	
Clergyman, \$..... Singers, \$..... Organist, \$.....	
Railroad } Tickets, \$..... Aero- } plane Service, \$.....	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
..... line Death Notices in Papers	
..... Index Tribune	2.58
..... Democrat	4.00
Sales Tax	4.85
Total Footing of Bill	\$ 379 43
Less 16.15 - 30 days	\$ 16.15
Balance	\$ 363.28

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	April 4, 1950	By Payment	\$ 363.28
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 18 19 50
 Name of Deceased Kenneth Joseph Reilley
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence P.O. Box 571, Havana ☐ Husband ☐ Wife ☐ Widow Nellie
 Charge to Mrs. Nellie Reilley or of Age of Husband or Wife (if living) Years
 Address Sebastiani Apts. Above
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Salesman 550-18-7628
 Employer and Address (Social Security Number)

Pallbearers for Reilley

Gene Flood
 Charles Groskopf
 Adam Ludwig
 James Catino
 Steve Haines
 Armand Franquelin

Complete Funeral (except outlays) \$ 637 -
 Casket
 Burial Vault or Box 15 -
 Embalming Body (State Kind)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to Casket Spray 35 -
 Deliver Flowers to Temporary 10 -
 Removal Charges

318.50
15 -
333.50
3
00.50
10



162
Mar. 24 1950

Permit (State Number and District)
 Death Certificate No.
 (State Physician's or Coroner's)
 \$ Use of Chapel, \$

No. March 21, 1950 194
RECEIVED OF Bates & Evans
 Ring, with large set, and tie pin, from Dollars
 Kenneth Joseph Reilley (deceased)
Nellie Reilley
 Widow

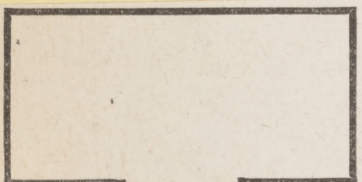


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Sales Tax
 Total Footing of Bill 774.14
 Less Courtesy disc. 15.20
Hospital employee 65.20
 Balance 708.94
 Entered into Ledger, page 1 or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "		<u>March 23, 1950</u>	<u>" by acct</u>	<u>\$ 600 -</u>
	" "		<u>April 1, 1950</u>	<u>"</u>	<u>\$ 1099.4</u>
	" "		<u>"</u>	<u>"</u>	<u>\$</u>
	" "		<u>"</u>	<u>"</u>	<u>\$</u>
	" "		<u>"</u>	<u>"</u>	<u>\$</u>
	" "		<u>"</u>	<u>"</u>	<u>\$</u>

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

191

Total No. Yearly No. Date of Entry March 25 1950

Name of Deceased Theodore Pohm
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Rt. 1 Box 439 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: William Pohm

Address: above

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Farmer No (Social Security Number)

Employer and Address

Complete Funeral (except outlays)	\$ 100. -
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$.....	Hair Dressing, \$.....
Dressing Body, \$.....	Underwear, \$.....
Suit or Dress	

ALLEN KIER McGRATH, M. D.

BROADWAY AND MAPLE STREETS
SONOMA, CALIFORNIA

March 25, 1950

We hereby give our permission to allow Dr. A. K. McGrath of Sonoma
to perform a post mortum on our brother Theodore Pohm.

Fritz Pohm

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 8715

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M Bates & Evans Santa Rosa, California, Mar. 27 1950

Crematorium Services For Theodore Pohm 45.00

Memorial Section --including endowment fund deposit-- Tier No.

Urn Chest Sales Tax

Flower Service { Twice Once } Each Week, from to

{ Rental Care } from to Engraving Permit

Total 45.00

Credits

Received Forty-five and no/100 Dollars 45.00

Check No. 90-667-1272 Record No. 3898

Present Balance CALIFORNIA CREMATORIUM Per Edward G. Fitch 146.50

Balance

Diagram of Lot or Vault Owner

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar. 29, 1950</u>	<u>Statement</u>				
	To Above Balance	\$.....		To Balance Forward	\$.....
	By Payment	\$.....		By Payment	\$.....
	" "	\$.....	<u>April 3, 1950</u>	<u>Defunct</u>	<u>146.50</u>
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....

Insurance \$..... Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Signed Address

Witness
Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 18 1950
 Name of Deceased Kenneth Joseph Reilly
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W
 Residence P.O. Box 571, Sonoma ☐ Husband ☐ Wife ☐ Widow Nellie
 Charge to Mrs. Nellie Reilly or of Age of Husband or Wife (if living) Years
 Address Sebastiani Apts above
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Salesman 550-18-7628
 Employer and Address (Social Security Number)

Pallbearers for Reilly

Gene Flood
 Charles Groskopf
 Adam Ludwig
 James Catino
 Steve Haines
 Armand Franquelin

162
 Mar. 24 1950
 Received of Bates & Evans
 One Dollars
 1/2 Death - Kenneth Joseph Reilly
 4955-194
D Campbell
 Sonoma County Health Department

Remains to
 of Casket Hollywood (State Color and Number)
 Manufactured by Casket Co.
 ury } Catholic Cemetery Sonoma
 tory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Personal Service Mass 15.00
 line Death Notices in Papers 2.58
 (Names of Newspapers)
 Sales Tax 9.56
 Total Footing of Bill 774.14
 Less Courtesy disc 65.20
 Hospital employee 708.94
 Balance 708.94
 Entered into Ledger, page 1 or below 100

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>March 23, 1950</u>	<u>" by acct</u>	<u>600 -</u>
	" "	\$	<u>April 1, 1950</u>	<u>"</u>	<u>1099.4</u>
	" "	\$	<u>"</u>	<u>"</u>	<u>"</u>
	" "	\$	<u>"</u>	<u>"</u>	<u>"</u>
	" "	\$	<u>"</u>	<u>"</u>	<u>"</u>
	" "	\$	<u>"</u>	<u>"</u>	<u>"</u>

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness

RECORD OF FUNERAL

191

Total No. Yearly No. Date of Entry March 25 1950

Name of Deceased Theodore Pohn
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Rt. 1, Box 438, Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: William Pohn

Address: above

Order given by: (or informant)

How Secured: Complete Funeral (except outlays) \$ 100 -

If Veteran, State War no Casket
 Occupation Farmer no Burial Vault or Box
 (Social Security Number) (State Kind)

Employer and Address Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

ALLEN KIER McGRATH, M. D.
 BROADWAY AND MAPLE STREETS
 SONOMA, CALIFORNIA
 March 25, 1950

We hereby give our permission to allow Dr. A. K. McGrath of Sonoma
 to perform a post mortum on our brother Theodore Pohn.

Fritz Pohn

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8715

RECEIVED FROM M Bates & Evans Santa Rosa, California, Mar. 27 1950
Sonoma, Calif.

Crematorium Services For Theodore Pohn 45.00

Memorial Section
 --including endowment fund deposit-- Tier No.

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to
 { Once }

{ Rental } from to Engraving Permit
 { Care }

Total 45.00

Credits

Received Forty-five and no/100 Dollars 45.00

Check No. 90-667-1272 Record No. 3898 Present Balance
 CALIFORNIA CREMATORIUM Per Edward E. Fitch 146.50

1 50

146.50

Diagram of Lot or Vault				Owner	Entered into Ledger, page or below.	Balance
Date	Amount Paid	Balance	Date	Amount Paid	Balance	
<u>Mar. 29, 1950</u>	<u>Statement</u>					
	To Above Balance	\$		To Balance Forward	\$	
	By Payment	\$		By Payment	\$	
	" "	\$	<u>April 3, 1950</u>	<u>Engraving</u>	\$ <u>14.50</u>	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	
	" "	\$		" "	\$	

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 18 1950
 Name of Deceased Kenneth Joseph Reilly
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W
 Residence P.O. Box 571, Sonoma ☐ Husband ☐ Wife ☐ Widow Nellie
 Charge to Mrs. Nellie Reilly or of Age of Husband or Wife (if living) Years
 Address Sebastiani Apt. Above
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Salesman 550-18-7628
 Employer and Address (Social Security Number)

Pallbearers for Reilly

Gene Flood
 Charles Groskopf
 Adam Ludwig
 James Catino
 Steve Haines
 Armand Franquelin

of Death

utory Causes

ing Physician Robert L. Mollenhauer
 (or Coroner)Address Sonoma, Calif.

of Father

Birthplace

en Name of Mother

Birthplace

Remains to

of Casket Hollywood
 (State Color and Number)Manufactured by Casket Co.ery Catholic Cemetery, Sonoma

tory

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 637 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to Casket Spray 35 -
 Deliver Flowers to Temporary 10 -
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: Grave 25 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15.00
 line Death Notices in Papers Index Tribune 2.58
 (Names of Newspapers)
 Sales Tax 9.56
 Total Footing of Bill 774.14
 Less Courtesy disc. 65.20
Hospital employee Balance 708.94
 Entered into Ledger, page 1 or below 1.00

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>March 23, 1950</u>	<u>" by acct</u>	<u>\$ 600 -</u>
	" "	\$	<u>April 1, 1950</u>	<u>"</u>	<u>\$ 1099.4</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

191

Total No. Yearly No. Date of Entry March 25 1950
 Name of Deceased Theodore Pohn
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race) W
 Residence Rt. 1 Box 439 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Charge to William Pohn or of } Age of Husband or Wife (if living) Years
 Address above
 Order given by (or informant)
 How Secured:
 If Veteran, State War No
 Occupation Farmer (Social Security Number) no
 Employer and Address

Complete Funeral (except outlays) \$ 1.00
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

ALLEN KIER MCGRATH, M. D.
 BROADWAY AND MAPLE STREETS
 SONOMA, CALIFORNIA
 March 25, 1950

We hereby give our permission to allow Dr. A. K. McGrath of Sonoma
 to perform a post mortum on our brother Theodore Pohn.

Fritz Pohn

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8715

RECEIVED FROM M Bates & Co. Sonoma, Calif. Santa Rosa, California, Mar. 27 1950

Crematorium Services For Theodore Pohn \$ 45.00
 Memorial Section
 --including endowment fund deposit--
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Rental } { Once }
 { Care } from to Engraving Permit
 Total \$ 45.00

Credits
 Received Forty-five and no/100 Dollars \$ 45.00

Check No. 90-667-1272 Record No. 3898
 Present Balance
 CALIFORNIA CREMATORIUM
 Per James E. McIn \$ 146.50

Diagram of Lot or Vault Owner Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar. 29, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 3, 1950</u>	<u>Refund</u>	<u>\$ 146.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry. March 18 1950

Name of Deceased. Kenneth Joseph Reilly (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence. PO Box 571 Sonoma or Husband Wife Widow Nellie of Age of Husband or Wife (if living) Years

Charge to Mrs. Nellie Reilly

Address. Sebastiani Apts above

Order given by

How Secured:

If Veteran, State War No

Occupation Salesman 550-18-7628 (Social Security Number)

Employer and Address

Date of Death. March 18, 1950 11:30 A.M. (Date) (Hour)

Date of Birth. March 1, 1886 (Date) (Hour)

Age. 64 (Years) (Months) (Days)

Date of Funeral. March 21, 1950 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman:

Place of the Deceased. Catholics (Address)

Place. Illinois

in the State. (or U. S. or City or County) (Years) (Months)

Death. Home

Death.

Autopsy Causes.

Physician. Robert L. Mollenhauer (or Coroner)

Address. Sonoma, Calif.

of Father.

Birthplace.

en Name of Mother.

Birthplace.

Remains to

of Casket. Hollywood (State Color and Number)

Manufactured by: Catholic Cemetery Sonoma

ery } Catholic Cemetery Sonoma

tory }

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) \$ 637 -

Casket.

Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress.

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to Casket Spray 35 -

Deliver Flowers to Temporary 10 -

Removal Charges.

Procuring Burial Permit.

Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax. \$.....

Outlay for Lot: 15 -

Cremation

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb. 25 -

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero- plane Service, \$.....

or Motor }

Telegr., Phone, Cable or Radio Charges.

Cash Advanced.

Out of town Undertaker's Charges.

Personal Service. Mass 15 00

line Death Notices in. Papers 2 58

(Names of Newspapers)

Sales Tax 9 56

Total Footing of Bill 774 14

Less Courtesy disc. 15 00

Balance 709 94

Entered into Ledger, page 1 or below. 1 00

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	March 23, 1950	" by acct	\$ 600 -
	" "	\$	April 1, 1950	"	\$ 109 94
	" "	\$	"	"	\$
	" "	\$	"	"	\$
	" "	\$	"	"	\$
	" "	\$	"	"	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Witness..... Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

191

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 18 1950

Name of Deceased Kenneth Joseph Reilly W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence RD 571, Sonoma ☐ Husband ☐ Wife ☐ Widow Nellie
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Nellie Reilly

Address Sebastiani Apts above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Salesman 550-18-7628
 (Social Security Number)

Employer and Address

Date of Death March 18, 1950 11:30 A.
 (Date) (Hour)

Date of Birth March 1, 1886
 (Date)

Age 64
 (Years) (Months) (Days)

Date of Funeral March 21, 1950 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St Francis

Funeral Home:

Place of the Deceased Catholics (Address)
Illinois

Place in the State (or U. S. or City or County) (Years) (Months)

Death Home

Death

Outory Causes

Physician Robert L. M. (or Coroner)
Sonoma, Calif

Address of Father

Birthplace

Full Name of Mother

Birthplace

Remains to

Of Casket Hollywood (State Color and Nur)
Casket

Manufactured by Catholic Cemetery

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Entered into Ledger, page 1 or below. 709.94

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$.	To Balance Forward		\$.
By Payment		\$.	By Payment		\$.
" "		\$.	March 23, 1950 " by acct	600 -	\$.
" "		\$.	April 1, 1950 " bill	109.94	\$.
" "		\$.	" "		\$.
" "		\$.	" "		\$.
" "		\$.	" "		\$.
" "		\$.	" "		\$.

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

191

Total No. Yearly No. Date of Entry March 25 1950
 Name of Deceased Theodore Pohm
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race) W.
 Residence: Rt. 1 Box 438 Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years
 Charge to: William Pohm
 Address: Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War No
 Occupation Farmer No (Social Security Number)
 Employer and Address

Complete Funeral (except outlays) \$ 100 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

ALLEN KIER MCGRATH, M. D.
 BROADWAY AND MAPLE STREETS
 SONOMA, CALIFORNIA
 March 25, 1950

We hereby give our permission to allow Dr. A. K. McGrath of Sonoma
 to perform a post mortum on our brother Theodore Pohm.

Fritz Pohm

William Pohm

Manufactured by S. 7 (State Color and Number)
 ery } Chapel of the Chimes S.P.
 tory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax \$ 1.50
 Total Footing of Bill \$ 146.50
 Less \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Mar. 29, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 3, 1950</u>	<u>Dr. full</u>	<u>\$ 146.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 18 1950

Name of Deceased Kenneth Joseph Reilly W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 571, Sonoma ☐ Husband ☐ Wife ☐ Widow Nellie
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Nellie Reilly

Address Sebastiani Apts. above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Salesman 550-18-7628
 (Social Security Number)

Employer and Address

Date of Death March 18, 1950 11:30 A.
 (Date) (Hour)

Date of Birth March 1, 1881
 (Date) (Hour)

Age 64
 (Years)

Date of Funeral March 20
 (Date)

Services at St. Francis

Organist

Funeral Home of the Deceased

Place

in the State (or U.S.)

Death Home

Death (or U.S.)

Outstanding Causes.....

Attending Physician Robt. J. Reilly

Address Sonoma

of Father.....

Birthplace.....

Full Name of Mother.....

Birthplace.....

Remains to.....

of Casket Holloway (St.)

Manufactured by.....

Religion Catholic

Complete Funeral (except outlays) \$ 637 -

Casket.....

Burial Vault or Box \$ 15 -
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress.....
 (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabra.....

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....		\$.....	To Balance Forward.....		\$.....
By Payment.....	\$.....	\$.....	By Payment.....	\$.....	\$.....
" ".....	\$.....	\$.....	March 23, 1950 " by acct. \$600 -	\$600 -	\$.....
" ".....	\$.....	\$.....	April 1, 1950 " bill	\$109.94	\$.....
" ".....	\$.....	\$.....	" ".....		\$.....
" ".....	\$.....	\$.....	" ".....		\$.....
" ".....	\$.....	\$.....	" ".....		\$.....
" ".....	\$.....	\$.....	" ".....		\$.....

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

191

Total No. Yearly No. Date of Entry March 25 1950

Name of Deceased Theodore Bohm (What Race) W

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: Rt. 1 Box 439 Sonoma ☐ Husband ☐ Wife ☐ Widow
or of } Age of Husband or Wife (if living) Years

Charge to: William Bohm

Address: above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Farmer (Social Security Number) no

Employer and Address

Date of Death March 25, 1950 10 a.m. (Date) (Hour)

Date of Birth May 24, 1895 (Date) (Month) (Day) (Year)

Time of Funeral March 27 - Mon - M. (Date) (Day of Week) (Hour)

Place of Funeral Chapel of the Chimes S.R.

Clergyman: (Address)

Place of the Deceased

Place of Birth Germany

Residence in the State (or U. S. or City or County) (Years) (Months)

Date of Death Home

Cause of Death myocardial failure

Contributory Causes congestion of liver

Attending Physician A. K. McBrath (or Coroner)

Address: Sonoma, Calif.

Date of Father Albert Bohm

Birthplace

Full Name of Mother Theodora Siewers

Birthplace

Remains to

Casket China - stained (State Color and Number)

Manufactured by S. F. Chapel of the Chimes S.R.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 1.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 50

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation 45

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

..... (Names of Newspapers)

Sales Tax 1.50

Total Footing of Bill \$ 146.50

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Mar. 29, 1950	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	April 3, 1950	" " <u>Defunct</u>	\$ <u>146.50</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 27 19 50

Name of Deceased August Kohler (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt. 2 Box 51 ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Ed Richter

Address: Above

Order given by: Van Liden Store (or informant)

How Secured:

If Veteran, State War No

Occupation Merchant Marine (Social Security Number) No

Employer and Address

Date of Death March 27, 1950 7:05 PM (Date) (Hour)

Date of Birth: October 9, 1869

Age: 80 (Years) (Months) (Days)

Date of Funeral March 29 - Wed 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Terrell Sanoma (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death: Community Hospital

Cause of Death

Contributory Causes

Certifying Physician A. K. Mc Grath M.D. (or Coroner)

His Address: Sanoma, Calif.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket (State Color and Number)

Manufactured by: S. F.

Cemetery } Chapel of the Chimes Santa Rosa Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 235.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: \$

Cremation + permit \$ 45.50

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service: Rev. Terrell \$ 10.00

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax \$ 3.53

Total Footing of Bill \$ 294.03

Less 11.75 - 30 days \$ 11.75

Balance \$ 282.28

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 27 1950

Name of Deceased August Kohler White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 51 ☐ Husband ☐ Wife ☐ Child

Charge to: Fed. Richter

Address: Above

Order given by: Van Liden Store
 (or informant)

How Secured:

If Veteran, State War No.

Occupation Merchant Marine
 (Social Security No.)

Employer and Address

Date of Death March 27, 1950 7:00
 (Date)

Date of Birth October 9, 1869
 (Date)

Age: 80
 (Years) (Months) (Days)

Date of Funeral March 29 - Wed 2:00
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Terrell Sono
 (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State ..
 (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician A. K. McGrath M.D.
 (or Coroner)

His Address Sanoma, Calif.

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket ..
 (State Color and Number)

Manufactured by: S. F.

Cemetery } Chapel of the Chimes Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$	March 29	By Payment	\$ 282.25	\$
	" "	\$	\$		" "In full		\$
	" "	\$	\$		" "		\$
	" "	\$	\$		" "		\$
	" "	\$	\$		" "		\$
	" "	\$	\$		" "		\$
	" "	\$	\$		" "		\$

Insurance \$.. Names of Lodges .. Insurance Companies ..

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ..
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

195

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Mar. 30 1950Name of Deceased George S. Allen White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)Residence: Walters Ranch, Mission, Highland ☐ Husband ☐ Wife ☒ Widow Minta Allen
or of } Age of Husband or Wife (if living) YearsCharge to Mrs. Ruel BrandvoldAddress P.O. Box D, SonomaOrder given by " (or informant)

How Secured: ..

If Veteran, State War noneOccupation Retired Rancher (Social Security Number)

Employer and Address ..

Date of Death Mar. 30, 1950 4:02 PM (Date) (Hour)Date of Birth Mar. 22, 1866 (Date) (Month) (Day) (Year)Funeral 4:15 Sat 2 P. M. (Date) (Day of Week) (Hour)at Chapel (Address)Place of the Deceased Carroll Co. MissouriPlace in the State Carroll Co. Missouri (or, U. S. or City or County) (Years) (Months)Place of Death Paul Walters Res. (State Physician's or Coroner's)

Cause of Death ..

Contributory Causes ..

Attending Physician Wayne Price (or Coroner)Dress Robert Allen

Place of Father ..

Place of Mother ..

Place of Birth ..

Motor Ship } Remains to ..

Size of Casket 6/3 #9525 H.P. Cov. 237 (State Color and Number)Manufactured by: J.F.C. Co.Cemetery } Chapel of Chimes Road

Crematory } ..

SIZE 6/3 No. 9525- H.P. Cov. 237 es Tax ..DESCRIPTION: J.F.C. Co.Pebble Paper & Bitlowlined SunrayHANDLES: 4415-3x0-Complete Funeral (except outlays) \$ 323 -

Casket ..

Burial Vault or Box .. (State Kind)

Embalming Body .. (Name of Embalmer)

Barber, \$.. Hair Dressing, \$..

Dressing Body, \$.. Underwear, \$..

Suit or Dress .. (State Kind and Color)

Slippers, \$.. Hose, \$..

Folding Chairs, \$.. Tarpaulin, \$..

Candelabrum, \$.. Candles, \$..

Door Spray, \$.. Gloves, \$..

Funeral Car, \$.. Ambulance, \$..

Limousines to Cemetery .. @ \$..

Extra Limousines .. @ \$..

Autos to R. R. Station .. @ \$..

Getting Remains from ..

Taking Remains to ..

Trip to Coroner's Inquest ..

Delivering Box to ..

Deliver Flowers to ..

Removal Charges ..

Procuring Burial Permit .. (State Number and District)

Certif. Copies of Death Certificates No. .. (State Physician's or Coroner's)

Pall Bearer Service, \$.. Use of Chapel, \$..

Gross Total for Sales Tax .. \$

Outlay for Lot ..

Cremation ..

Flowers, \$.. Palms, \$.. Matting, \$..

Rental of Tent, \$.. of Temporary Vault, \$..

Opening of Grave or Tomb ..

Lining Grave, \$.. Lowering Device, \$..

Outlay for Shipping Charges ..

Clergyman, \$.. Singers, \$.. Organist, \$..

Railroad } Tickets, \$.. Aero- Service, \$..
or Motor } plane

Telegr., Phone, Cable or Radio Charges ..

Cash Advanced ..

Out of town Undertaker's Charges ..

Personal Service Mrs. Fred Per. Service Democrat 4 50
line Death Notices in .. Papers (Names of Newspapers)Total Footing of Bill .. \$ 394.33Less \$16.15 30 dya. .. \$ 16.15Balance .. \$ 378.18

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
April 11, 1950	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	

Insurance \$.. Names of Insurance Companies ..

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to .. (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed ..

Witness .. Address ..

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Mar. 30 1950
 Name of Deceased George S. Allen White
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Walters Ranch, Mission Highland ☐ Husband ☐ Wife ☒ Widow Minta Allen
 Charge to Mrs. Ruel Brandt or of Age of Husband or Wife (if living) Years
 Address P.O. Box D. Sonoma
 Order given by (or informant)
 How Secured :
 If Veteran, State War none
 Occupation Retired Rancher (Social)
 Employer and Address
 Date of Death Mar. 30, 1950 (Date)
 Date of Birth Mar. 22, 1866 (Date)

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber \$ Hair Dressing \$

Funeral 84 11:50 Sat
 (Years) (Months) (Day of Week)
 at Chapel
 (Address)
 of the Deceased
Carroll Co. Mission
 in the State Calif. (or U. S. or City or County) (Y)
 of Death Paul Walters
 of Death
 utory Causes
 ing Physician Wayne Pri
 (or Coroner)
 dress
 of Father Robert Allen
 rthplace
 n Name of Mother
 irthplace

Motor } Remains to
 Ship }
 Size of Casket 6/3 #9525 H.P. Cov 237
 (State Color and Number)
 Manufactured by A. J. Co.
 Cemetery } Chapel of Chimes Road
 Crematory }

SIZE 6/3 No. 9525- H.P. Cov. 237 es Tax
 DESCRIPTION: J.F.C. Co
Pebble Paper & Willow
Tined Sunray
 HANDLES: 4415-3x0-

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mrs. Pread 7 50
Rev. Terrell 10 -
 ...line Death Notices in Papers
 (Names of Newspapers) Democrat 4 -
 4 83
 Total Footing of Bill 394 33
 Less \$16.15 30 dya. 16 15
 Balance 378 18
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>April 11, 1950</u>	To Above Balance	\$.....		To Balance Forward	\$.....
	By Payment	\$.....		By Payment	\$.....
	" "	\$.....	<u>April 13, 1950</u>	" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....
	" "	\$.....		" "	\$.....

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry *Mar 25* 19 *50*

Name of Deceased *Edward Pianta*

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence *Palmer Ranch Sonoma, Cal* or of Age of Husband or Wife (if living) Years

Charge to: *County of Sonoma*

Address: *Santa Rosa*

Order given by: (or informant)

How Secured:

If Veteran, State, War *World War I*

Occupation *Laborer* (Social Security Number) *no*

Employer and Address

Date of Death *March 25, 1950* (Date) *8:45 P* (Hour)

Date of Birth *unk*

Age *about 63* (Years) (Months) (Days)

Date of Funeral *April 22, Sat* (Date) *9 A* (Hour) M.

Services at: *Franceside*

Clergyman *Rev. Roberts* (Address)

Religion of the Deceased *Catholic*

Birthplace *Italy*

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death *Sonoma Community Hospital* (State Number and District)

Cause of Death

Contributory Causes

Certifying Physician *Vernon S. Schaeffer, Coroner* (or Coroner)

His Address *Santa Rosa, Calif*

Name of Father

His Birthplace

Maiden Name of Mother

Complete Funeral (except outlays) \$ *55*

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb *15*

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor } Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

No. *April 22, 1950* 19 *50*

Received of *Hates & Evans*

\$ *6.25*, Wallet & Soc. Sec. Card

Dollars

Signed, *Vernon Schaeffer* Public Administrator

By Payment						By Payment					
<i>April 22, 1950</i>	<i>Filed with name for Co. Collection</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	
<i>"</i>	<i>"</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	
<i>"</i>	<i>"</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	
<i>"</i>	<i>"</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	
<i>"</i>	<i>"</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	
<i>"</i>	<i>"</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	
<i>"</i>	<i>"</i>	\$		\$		<i>"</i>	<i>"</i>	\$		\$	

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

197

Total No. Yearly No. Date of Entry April 6, 1950 19

Name of Deceased Hans Frederick Prinz (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Grand at Oak St. El Verano ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Rev. Mrs. Viola Kraus

Address 988 Warfield Ave., Oakland, Cal.

Order given by (or informant)

How Secured (State Kind)

If Veteran, State War No.

Occupation Cement Worker 530-07-7725 (Social Security Number)

Employer and Address

Date of Death April 6, 1950 Probably 1 a.m. (Date) (Hour)

Complete Funeral (except outlays) \$ 160 -

Casket \$

Burial Vault or Box (State Kind) \$

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) \$ 240

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8764

RECEIVED FROM M Bates & Evans Santa Rosa, California, April 8, 1950
Sonoma, Calif.

Crematorium Services For Hans Frederick Prinz \$ 45.00

Memorial Section
--including endowment fund deposit--

Tier No.

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to Engraving Permit
{ Rental } { Care } from to Total \$ 45.00

Credits

Received Forty five and No/100 Dollars \$ 45.00

Check No. 90-667 Record No. 3924

Present Balance
CALIFORNIA CREMATORIUM
Per J. E. Enright

Size of Casket H. 8.0 Flat (State Color and Number)

Manufactured by Solden State Casket Co.

Crematory } Chapel of the Chimes
Crematory } S.R.

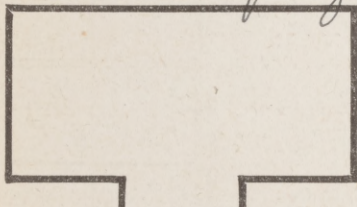


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

line Death Notices in Papers \$ 4 -

(Names of Newspapers)

Sales Tax \$ 2 40

Total Footing of Bill \$ 211 40

Less \$ 8

Balance \$ 203 40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$		To Balance Forward.....	\$
	By Payment.....	\$	<u>April 7, 1950</u>	By Payment.....	\$ <u>203</u> <u>40</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

not in margin

Total No. Yearly No. Date of Entry Mar 25 1950

Name of Deceased Edward Pianta (What Race)

Residence Palmer Ranch Sonoma, Cal ☐ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to County of Sonoma

Address Santa Rosa

Order given by (or informant)

How Secured:

If Veteran, State War World War I

Occupation Laborer (Social Security Number) no

Employer and Address

Date of Death March 25, 1950 8:45 P. (Date) (Hour)

Date of Birth unk

Age about 63 (Years) (Months) (Days)

Date of Funeral April 22 Sat 9:30 A.M. (Date) (Day of Week) (Hour)

Services at Seaside

Clergyman Rev. Roberts (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Community Hospital (State Number and District) (State Physician's or Coroner's)

Cause of Death:

Contributory Causes:

Certifying Physician Vernon Schwesfeld, M.D. (or Coroner)

His Address Santa Rosa, Calif.

Name of Father:

His Birthplace:

Maiden Name of Mother:

Birthplace:

Remains to of Casket Starved China (State Color and Number)

Manufactured by: Valley Cem. Sonoma

Lot No. Grave No. Section No. Block No. Owner:

Diagram of Lot or Vault

Complete Funeral (except outlays)		Personal Services	
Casket			
Burial Vault or Box			
Embalming Body			
Barber, \$		Hair Dressing, \$	
Dressing Body, \$		Underwear, \$	
Suit or Dress			
Slippers, \$		Hose, \$	
Folding Chairs, \$		Tarpaulin, \$	
Candelabrum, \$		Candles, \$	
Door Spray, \$		Gloves, \$	
Funeral Car, \$		Ambulance, \$	
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates	No.		
Pall Bearer Service, \$		Use of Chapel, \$	
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
Flowers, \$		Palms, \$	
Rental of Tent, \$		of Temporary Vault, \$	
Opening of Grave or Tomb			
Lining Grave, \$		Lowering Device, \$	
Outlay for Shipping Charges			
Clergyman, \$		Singers, \$	
Railroad or Motor		Organist, \$	
Tickets, \$		Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in		Papers	
		(Names of Newspapers)	
Sales Tax			
Total Footing of Bill	\$		
Less	\$		
Balance	\$		
Entered into Ledger, page		or below	

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$		To Balance Forward	\$
By Payment	\$	\$		By Payment	\$
April 22, 1950 Filed with June for Co. Collection				" " " " " " " "	\$ 75.83
" " " " " " " "	\$	\$	May 19	" " " " " " " "	\$
" " " " " " " "	\$	\$		" " " " " " " "	\$
" " " " " " " "	\$	\$		" " " " " " " "	\$
" " " " " " " "	\$	\$		" " " " " " " "	\$
" " " " " " " "	\$	\$		" " " " " " " "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

197

Total No. Yearly No. Date of Entry April 6, 1950 19...

Name of Deceased Hans Frederick Prinz (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Grand at Oak St. El Cerrano ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to Paid Mrs. Viola Krawley

Address 988 Warfield Ave. Oakland, Cal.

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Cement Worker 530-07-7725 (Social Security Number)

Employer and Address

Date of Death April 6, 1950 (Date) Probably 1 a.m. (Hour)

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 240

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 80

Folding Chairs, \$ Tarpaulin, \$ 80

Candelabrum, \$ Candles, \$ 80

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8764

RECEIVED FROM M Bates & Evans Santa Rosa, California, April 8 1950

Sonoma Calif.

Crematorium Services For Hans Frederick Prinz 4500

Memorial Section
--including endowment fund deposit--

Tier No.

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to

{ Rental } { Care } from to Engraving Permit

Total 4500

Credits

Received Forty five and No/100 Dollars 4500

Check No. 90-667 Record No. 3924

Present Balance
CALIFORNIA CREMATORIUM
Per [Signature]

Size of Casket H. 8.0 Flat Ship Super size
(State Color and Number)

Manufactured by Solden State Casket Co.

Cemetery } Chapel of the Chimes
Crematory } SR

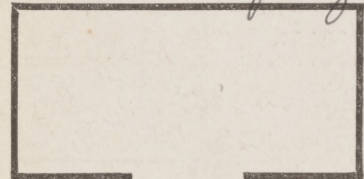


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

line Death Notices in Democrat Papers 4-

(Names of Newspapers)

Sales Tax 240

Total Footing of Bill 211.40

Less 8

Balance 203.40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$
"	"	\$	"	"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

not in
march

Mar 25 1950

Total No. Yearly No. Date of Entry 19..

Name of Deceased Edward Pianta
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Palmeri Ranch Sonoma, Cal ☐ Husband ☐ Wife ☐ Widow }
or of } Age of Husband or Wife (if living) Years

Charge to: County of Sonoma

Address Santa Rosa

Order given by
(or informant)

How Secured : :

If Veteran, State War World War I

Occupation Laborer - no
(Social Security Number)

Employer and Address

Date of Death March 25, 1960
(Date)

Date of Birth unk
(Years) (Months) (Days)

Age about 63 -
(Years) (Months) (Days)

Date of Funeral April 22, Sat
(Date) (Day of Week)

Services at Graneroside

Clergyman Rev Roberts
(Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State
(or U. S. or City or County) (Year)

Place of Death Sonoma, California

Cause of Death

Contributory Causes

Certifying Physician Vernon Salvendy
(or Coroner)

His Address Santa Rosa, Ca

Name of Father

His Birthplace

Maiden Name of Mother

Complete Funeral (except outlays)		Personal Services
Casket		\$ 55 -
Burial Vault or Box	(State Kind)	
Embalming Body	(Name of Embalmer)	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body, \$.....	Underwear, \$.....	
Suit or Dress	(State Kind and Color)	
	Hose, \$.....	

Railroad or Motor } Tickets, \$..... plane

Telegr. Phone, Cable or Radio Charges

Personal Services			
Complete Funeral (except outlays).....	\$	55	-
Casket.....			
Burial Vault or Box.....			
(State Kind)			
Embalming Body.....			
(Name of Embalmer)			
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body, \$.....	Underwear, \$.....		
Suit or Dress.....			
(State Kind and Color)			
	Hose, \$.....		

Railroad or Motor	Tickets, \$	plane	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service		<i>Funeral at home</i>	<i>5 00</i>
... line Death Notices in		Papers	
	(Names of Newspapers)		
Sales Tax			<i>83</i>
Total Footing of Bill	\$	<i>75</i>	<i>83</i>
Less	\$		
Balance	\$		
Entered into Ledger, page		or below.	

Birthplace.....
 or } Remains to.....
 of Casket. *Strained China*
 (State Color and Number)
 Manufactured by.....
 ery } *Walley Cem. Saratoga*
 tory }
 Lot No.....
 Grave No.....
 Section No.....
 Block No.....
 Owner.....

		Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance.....	\$.				To Balance Forward.....	\$.	
By Payment.....	\$.				By Payment.....	\$.	
April 22, 1950 Filed with name for Co. Collection	\$.				" " "	\$.	
" "	\$.				" " filed 75 & 83	\$.	
" "	\$.				" " may 19	\$.	
" "	\$.				" " J.F. full	\$.	
" "	\$.				" " "	\$.	
" "	\$.				" " "	\$.	
" "	\$.				" " "	\$.	
" "	\$.				" " "	\$.	

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....
Address.....

Copyrighted by E. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

197

Total No. Yearly No. Date of Entry April 6, 1950 19..

Name of Deceased Hans Frederick Ring (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Grand at Oak St. Elvertano ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Paid Mrs. Viola Kraus

Address: 988 Warfield Ave. Oakland, Cal.

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Cement Worker 530-07-7725 (Social Security Number)

Employer and Address

Date of Death April 6, 1950 (Date) Probably 10 am (Hour)

Birth August 14, 1868 (Date) 8 (Years) 7 (Months) 22 (Days)

Funeral April 8, Sat (Date) 2 P. (Day of Week) M. (Hour)

at Chapel of the Chimes S.R. (Address)

of the Deceased

ce Illinois

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 240

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

April 7, 1950

Received of Paul Kraus

Three and

03 **Dollars**

knife, purse, Soc. S. Card

03 Emil H. Kraus

Size of Casket H. 8.0 Flat Slip (State Color and Number)

Manufactured by Solden State Casket Co.

Cemetery } Chapel of the Chimes S.R.

Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

line Death Notices in Papers 4

(Names of Newspapers)

Sales Tax 2 40

Total Footing of Bill \$ 211 40

Less \$ 8

Balance \$ 203 40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance .....	\$ .....	.....	To Balance Forward	\$
.....	By Payment	\$	<u>April 7, 50</u>	By Payment <u>Emil H. Kraus</u>	\$ <u>203 40</u>
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$
.....	" "	\$	" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

not in margin

Total No. Yearly No. Date of Entry *Mar 25* 19*50*

Name of Deceased *Edward Pianta*

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence *Palmer Ranch Sonoma, Cal* ☐ Husband ☐ Wife ☐ Widow } Age of Husband or Wife (if living) Years

Charge to: *County of Sonoma*

Address *Santa Rosa*

Order given by (or informant)

How Secured:

If Veteran, State War *World War I*

Occupation *Laborer* (Social Security N.)

Employer and Address

Date of Death *March 25, 1950* (Date)

Date of Birth *unk*

Age *about 63* (Years) (Months) (Days)

Date of Funeral *April 22, Sat* (Date) (Day of Week)

Services at *St. Francis*

Clergyman *Rev. Roberts* (Address)

Religion of the Deceased *Catholic*

Birthplace *Italy*

Resided in the State *Calif.* (or U. S. or City or County) (Year)

Place of Death *Sonoma Community*

Cause of Death

Contributory Causes

Certifying Physician *Vernon Salvendy* (or Coroner)

His Address *Santa Rosa, Cal*

Name of Father

His Birthplace

Maiden Name of Mother

Complete Funeral (except outlays) *Personal services* \$ *55*

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color) \$

Birthplace

Remains to

of Casket *Starved China* (State Color and Number)

Manufactured by *Valley Cem. Sonoma*

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Telegr., Phone, Cable

Cash Advanced

Out of town Undertaker's Charges *Funeral Home* \$ *5.00*

Personal Service *Funeral Home* \$ *5.00*

line Death Notices in Papers

(Names of Newspapers)

Sales Tax \$ *83*

Total Footing of Bill \$ *75.83*

Less \$

Balance \$

Entered into Ledger, page or below.

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$		To Balance Forward	\$
By Payment	\$	\$		By Payment	\$
<i>April 22, 1950 Filed with name for Co. Collection</i>	\$	\$		" " " " <i>75.83</i>	\$
" " " "	\$	\$		" " " "	\$
" " " "	\$	\$		" " " "	\$
" " " "	\$	\$		" " " "	\$
" " " "	\$	\$		" " " "	\$
" " " "	\$	\$		" " " "	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

197

Total No. Yearly No. Date of Entry April 6, 1950 19...

Name of Deceased Hans Frederick Pring (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Grand at Oak St. El Dorado ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Paid Mrs. Viola Kraus

Address: 988 Warfield Ave., Oakland, Cal.

Order given by. (or informant)

How Secured.

If Veteran, State War No.

Occupation Cement Worker 530-07-7725 (Social Security Number)

Employer and Address

Date of Death April 6, 1950 Probably 1 a.m. (Date) (Hour)

Birth August 14, 1868 (Date) (Month) (Day)

Funeral April 8, Sat. 2 P.M. (Date) (Day of Week) (Hour)

at Chapel of the Chimes, S.R. (Address)

an of the Deceased (Address)

ce Illinois

in the State (or U. S. or City or County) (Years) (Months)

Death (State Number and District)

f Death Rupture of heart at apex (State Physician's or Coroner's)

utory Causes

ing Physician Vernon Silverfield, Coroner (or Coroner)

dress Santa Rosa, Calif.

of Father Frederick Pring

irthplace Germany

n Name of Mother Elise Rose

irthplace Germany

Remains to

Size of Casket # 8 x 7 flat slip casket (State Color and Number)

Manufactured by Solden State Casket Co.

Cemetery } Chapel of the Chimes, S.R.

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) \$ 160

Casket \$

Burial Vault or Box (State Kind) \$

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) \$ 240

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$ 45

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers \$ 4

(Names of Newspapers)

Sales Tax \$ 2 40

Total Footing of Bill \$ 211 40

Less \$ 8

Balance \$ 203 40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance.....	\$ .....	.....	To Balance Forward.....	\$
.....	By Payment.....	\$ .....	.....	By Payment.....	\$ <u>203 40</u>
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$
.....	" ".....	\$	" ".....	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

199

Total No. Yearly No. Date of Entry April 9 1950
 Name of Deceased Frank Edgar Elkins
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) M.
 Residence 517 Patton St. Sonoma ☐ Husband ☐ Wife ☐ Widow } Alice
 Charge to Mrs Victor Holman or of } Age of Husband or Wife (if living) 40 Years
 Address 3017 Jersey St. S. D.
 Order given by " "

James Goddard
 Percy Stokes
 Herb Hollaway
 Neil Dodge
 Theodore Picco
 Homer Bosse

Pallbearers for Frank Elkins

Complete Funeral (except outlays)	\$	473 -
Casket		
Burial Vault or Box		15 -
Embalming Body	(State Kind)	
Barber, \$.....	Hair Dressing, \$.....	236.50
Dressing Body, \$.....	Underwear, \$.....	257.50
Suit or Dress	(State Kind and Color)	7.54.50
Slippers, \$.....	Hose, \$.....	
Folding Chairs, \$.....	Tarpaulin, \$.....	
Candelabrum, \$.....	Candles, \$.....	
Door Spray, \$.....	Gloves, \$.....	
Funeral Car, \$.....	Ambulance, \$.....	
Limousines to Cemetery	@ \$.....	
Extra Limousines	@ \$.....	
Autos to R. R. Station	@ \$.....	
Getting Remains from		
Taking Remains to		
Trip to Coroner's Inquest		
Delivering Box to		
Deliver Flowers to		
Removal Charges		
Procuring Burial Permit		4 -
Certif. Copies of Death Certificates No.	(State Number and District)	
Pall Bearer Service, \$.....	Use of Chapel, \$.....	
Gross Total for Sales Tax	\$	
Outlay for Lot		
Cremation		
Flowers, \$.....	Palms, \$.....	Matting, \$.....
Rental of Tent, \$.....	of Temporary Vault, \$.....	
Opening of Grave or Tomb		50 -
Lining Grave, \$.....	Lowering Device, \$.....	
Outlay for Shipping Charges		
Clergyman, \$.....	Singers, \$.....	Organist, \$.....
Railroad } Tickets, \$.....	Aero-plane Service, \$.....	
or Motor }		
Telegr., Phone, Cable or Radio Charges		
Cash Advanced		
Out of town Undertaker's Charges		
Personal Service		
..... line Death Notices in	Papers	258
.....		20 -
.....		758
Sales Tax		
Total Footing of Bill	\$	569 55 -
Less <u>24.40 - 3 days</u>	\$	
<u>49.90</u> Balance	\$	569.55
Entered into Ledger, page or below.		

e Deceased Maine
 State Sonoma (or U. S. or City or County) (Years) (Months)
 Cause Carcinoma of Liver
 Physician D. Mollenhauer (or Coroner)
 Burial Elkins
 of Mother Jennie Heal
 s to (State Color and Number)
 by Mt. Cem. Sonoma

Cemetery
 Crematory

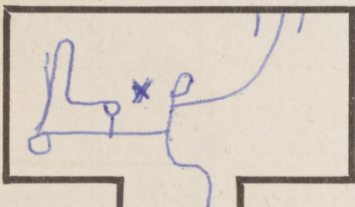


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
File with <u>Trustee - 4/19/50</u>			To Balance Forward		
copy to Mrs <u>Holman</u>			By Payment		
By Payment <u>4/19/50</u>			<u>Aug 20, 1950</u>	569 55	
" "			" "		
" "			" "		
" "			" "		
" "			" "		
" "			" "		
" "			" "		

Insurance \$..... Names of Insurance Companies.....
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 8 1950

Name of Deceased Magdaline Margaretta Bachner
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 126 - Watsonville, Calif. ☐ Husband ☐ Wife ☐ Widow Robert
 or of Age of Husband or Wife (if living) Years

Charge to: Mrs. Ruth Pague

Address P.O. Box 362 Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death April 8, 1950 2 9 P.M.
 (Date) (Day of Week) (Hour)

Date of Birth Nov 10, 1879

Age (Years) (Months) (Days)

Date of Funeral April 10, Monday 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Lyman Jones Petaluma (Address)

Religion of the Deceased

Birthplace New York

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D. (or Coroner)

His Address Sonoma

Name of Father

His Birthplace New York

Maiden Name of Mother

Her Birthplace New York

Motor Ship } Remains to

Size of Casket 48x30x24 Cedar Rose (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Pajaro Cem. Watsonville, Calif.

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 393.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of)

Barber, \$ Hair D

Dressing Body, \$ U

Suit or Dress (State Kind)

Slippers, \$ Hose,

Folding Chairs, \$ Tarpa

Candelabrum, \$ Candel

Door Spray, \$ Glove

Funeral Car, \$ Ambula

Limousines to Cemetery (

Extra Limousines (

Autos to R. R. Station (

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
Lot 309 - Sec. 3 - Tract 5 -

Gross Total for Sales Tax \$

Outlay for Lot Watsonville Cemetery 65.90
including 30.00 min fee & charges

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers

..... (Names of Newspapers)

Sales Tax \$ 5.75

Total Footing of Bill \$ 478.48

Less 19.65 - 30 days \$ 19.65

Balance \$ 458.83

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
4/9/50	Statement				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	April 28, 50	By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

199

Now Secured *Estate*
 Veteran, State War *none*
 Occupation *Retired newspaper publisher*
 (Social Security Number)
 Employer and Address
 Date of Death *April 9, 1950* *8:15 A.M.*
 (Date) (Hour)
 Date of Birth *April 6, 1859*
 (Date)
 Date of Funeral *4/11/50 Tues* *2: P.M.*
 (Date) (Day of Week) (Hour)
 Place of Burial *Chapel*
 Burial Place *Temple Lodge #14 F. & A.M.*
 (Address)

Cemetery
Crematory

Diagram of Lot or Vault

Complete Funeral (except outlays).....		\$	473 -
Casket.....			
Burial Vault or Box.....	(State Kind)		15 -
Embalming Body.....	(Name of Embalmer)		
Barber, \$.....	Hair Dressing, \$.....		236
Dressing Body, \$.....	Underwear, \$.....		257
Suit or Dress.....	(State Kind and Color)		71
Slippers, \$.....	Hose, \$.....		
Folding Chairs, \$.....	Tarpaulin, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Spray, \$.....	Gloves, \$.....		
Funeral Car, \$.....	Ambulance, \$.....		
Limousines to Cemetery.....	@ \$.....		
Extra Limousines.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....	(State Number and District)		4 -
Certif. Copies of Death Certificates.....	No. (State Physician's or Coroner's)		
Pall Bearer Service, \$.....	Use of Chapel, \$.....		
Gross Total for Sales Tax.....		\$	
Outlay for Lot.....			
Cremation.....			
Flowers, \$.....	Palms, \$.....		
Rental of Tent, \$.....	of Temporary Vault, \$.....		50 -
Opening of Grave or Tomb.....			
Lining Grave, \$.....	Lowering Device, \$.....		
Outlay for Shipping Charges.....			
Clergyman, \$.....	Singers, \$.....		
Railroad or Motor } Tickets, \$.....	Aero-plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....			
.....line Death Notices in.....	Papers		
Casket Spray			258
			20 -
			755
Sales Tax.....			
Total Footing of Bill.....		\$	569 55
Less.....		\$	
.....		\$	
Balance.....		\$	569 55
Entered into Ledger, page.....	or below.		

[illegible]

Insurance \$..... Names of Insurance
Lodges..... Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 10 1950
 Name of Deceased Richard Everett Lovell
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Rt 2 Box 29 Sonoma ☐ Husband ☐ Wife ☐ Widow } Marion E.
 Charge to Mrs. Marion E. Lovell or of } Age of Husband or Wife (if living) Years
 Address: above
 Order given by (or informant)
 How Secured:
 If Veteran, State War no
 Occupation County Engineer (Social Security Number) no
 Employer and Address Secy.
 Date of Death April 10, 1950 3:15 P.
 Date of Birth July 13, 1890
 Age 59 8 27
 (Years) (Months) (Days)

Pallbearers for Lovell

Fred Thomsen
 Les Chapman
 Percy Stoken
 R.P. Golladay
 Herb Holloway
 Henry Norrbom

His Address Sonoma, Calif. (or Coroner)
 Name of Father M. J. Lovell
 His Birthplace Tenn.
 Maiden Name of Mother Lilla Everett
 Her Birthplace Tenn.
 Motor } Remains to
 Ship }
 Size of Casket Large (State Color and Number)
 Manufactured by Butler Basket Co.
 Cemetery } Mt. Carmel Sonoma
 Crematory }

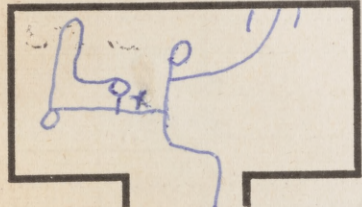


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 383 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District) 4.00
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 6.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service 3.00
Don Ruggles 7.50
 line Death Notices in Papers
Democrat 4.00
Index Future 2.58
 Sales Tax 6.20
 Total Footing of Bill \$ 485.28
 Less 19.90 30 days \$ 19.90
 Balance \$ 465.38
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>April 19, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>April 21</u>	By Payment	\$
	" "	\$	<u>Ingull</u>	" "	\$ <u>465.38</u>
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

201

Total No. Yearly No. Date of Entry April 11 1950
 Name of Deceased Fritz F. J. Malchow
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence 1st St. West Sonoma ☐ Husband ☐ Wife ☐ Widow Luise
 Charge to Werner F. Malchow or of Age of Husband or Wife (if living) Years
 Address Rt. 2 Box 39 Sonoma
 Order given by (or informant)
 How Secured:

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8777

RECEIVED FROM M

Bates & Evans
Sonoma, Calif.

Santa Rosa, California

April 13 1950

Crematorium Services For Fritz F. J. Malchow 45.00
 Memorial Section --including endowment fund deposit-- Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice Once } Each Week, from to
 { Rental Care } from to Engraving Permit
 Total 45.00
 Credits
 Received Forty-five and no/100 Dollars 45.00
 Present Balance
 CALIFORNIA CREMATORIUM Per B. F. Jones 45.00
 Check No. 90-667-1337 Record No. 3926

No. 6/3 Line 1 Do 1
 DESCRIPTION: Sonoma, Calif.
 HANDLES: Friedrich Malchow
Germany
 e of Mother Supply
 ce Germany
 ins to 9405 Shp Cap, Gray Ave
 et (State Color and Number)
 ed by Chapel of the Chimes Santa Rosa
 Cemetery Crematory

Lot No.

ashes Permit 50
2 Posts @ 2.00 4.00
Opening 5.00
Barial Permit at 1.00 2.00
Mother + Father's ashes 11.50
Paid In full

rental of tent, \$ of temporary vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Davis - (By family)
music
 line Death Notices in Papers
Index Tribune 2.58
 (Names of Newspapers)
 Sales Tax 3.53
 Total Footing of Bill 286.11
 Less 11.75 - 30 days 1.1.21
 Balance 274.36
 Entered into Ledger, page or below.

Balance	Date	Amount Paid	Balance
		To Balance Forward	
		By Payment	
		"	
		"	
		"	
		"	
		"	
		"	
		"	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 10 1950

Name of Deceased Richard Everett Lovell (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 2 Box 29 Sonoma ☐ Husband ☐ Wife ☐ Widow Marion E. or of Age of Husband or Wife (if living) Years

Charge to Mrs. Marion E. Lovell

Address above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation County Engineer (Social Security Number) no

Employer and Address Self

Date of Death April 10, 1950 3:15 P. (Date) (Hour)

Date of Birth July 13, 1890 (Date) (Day of Week) (Hour)

Age 59 8 27 (Years) (Months) (Days)

Date of Funeral April 13 Thurs 2 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Temple Lodge #14 - F. O. E. S. (Address)

Religion of the Deceased

Birthplace Pennsylvania

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death:

Contributory Causes:

Attending Physician A. K. McQuinn (or Coroner)

His Address Sonoma, Calif.

Name of Father M. J. Lovell

His Birthplace Penn.

Maiden Name of Mother Lilla Everett

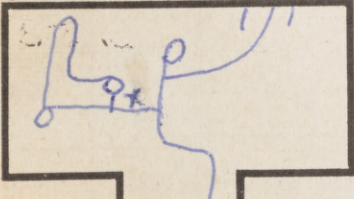
Her Birthplace Penn.

Motor } Remains to
Ship }

Size of Casket Large (State Color and Number)

Manufactured by Butler Casket Co.

Cemetery } Mt. Carmel Sonoma
Crematory }

Diagram of Lot or Vault 

Lot No. Grave No. Section No. Block No. Owner.

Complete Funeral (except outlays) \$ 383 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer) \$ 19.50

Barber, \$ Hair Dressing, \$ Underwear, \$
Dressing Body, \$
Suit or Dress (State Kind and Color) \$ 20.50

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit \$ 4.00

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb \$ 6.00

Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service \$ 3.00

..... line Death Notices in Papers \$ 7.50

..... (Names of Newspapers) \$ 4.00

..... \$ 2.58

Sales Tax \$ 6.20

Total Footing of Bill \$ 485.28

Less 19.90 - 30 days \$ 19.90

Balance \$ 465.38

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
April 19, 1950	To Above Statement	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	April 21	" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

201

Total No. Yearly No. Date of Entry April 11 1950
 Name of Deceased Fritz F. J. Malchow
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: 1st St. West Sonoma ☐ Husband ☐ Wife ☐ Widow Luise
 Charge to: Werner F. Malchow or of Age of Husband or Wife (if living) Years
 Address: Rt. 2. Box 39 Sonoma
 Order given by: (or informant)
 How Secured:

Complete Funeral (except outlays) \$ 235 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming (State Kind)

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes
 CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8777

RECEIVED FROM M Bates & Evans Santa Rosa, California April 13 1950
Sonoma, Calif.
 Crematorium Services For Fritz F. J. Malchow 45.00
 Memorial Section
 --including endowment fund deposit-- Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Once }
 { Rental } from to Engraving Permit
 { Care }
 Total 45.00
 Credits
 Received Forty-five and no 100 Dollars 45.00
 Present Balance
 CALIFORNIA CREMATORIUM Per 6.6.70 45 -
 Check No. 90-667-1337 Record No. 3926

No. 6/3 Line 1 Do. 1
 DESCRIPTION: Sonoma, Calif.
 HANDLES: Friedrick Malchow
Germany
Supply
Germany
9405 Sap Cap Gray Sae
 (State Color and Number)
 Cemetery } Chapel of the Chimes Santa Rosa
 Crematory }

Rental of casket, \$ of temporary vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Davis - (By James J. Davis)
Musical
 line Death Notices in Papers
 (Names of Newspapers) Index Tribune 2.58
 Sales Tax 3.53
 Total Footing of Bill \$ 286.11
 Less 11.25 - 30 days \$ 11.25
 Balance \$ 274.86
 Entered into Ledger, page or below.

Ashes Permit 50
4.00
 2 Posts @ 2⁰⁰ 5.00
 Opening 2.00
 Burial Permit at 1⁰⁰ 11.50
 Mother + Father's Ashes
Paid in full

Balance	Date	Amount Paid	Balance
		To Balance Forward	
		By Payment	
<u>274.86</u>	<u>April 21, 50</u>	<u>274.86</u>	
		" "	
		" "	
		" "	
		" "	
		" "	
		" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 10 1950
 Name of Deceased Richard Everett Lovell (What Race) W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence Rt 2 Box 29 Sonoma ☐ Husband ☐ Wife ☐ Widow } Marion E.
 or of } Age of Husband or Wife (if living) Years
 Charge to Mrs. Marion E. Lovell
 Address Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War No
 Occupation Auto Body Painter (Soci
 Employer and Address Self
 Date of Death April 10, 1950
 Date of Birth July 13, 1890
 Age 59 (Years) 8 (Months)
 Date of Funeral April 13 Thurs
 Services at Chapel
 Clergyman Temple Lodge #14-7 (Add
 Religion of the Deceased
 Birthplace Pennsylvania
 Resided in the State (or U. S. or City or County)
 Place of Death Community Hosp
 Cause of Death
 Contributory Causes

Complete Funeral (except outlays) \$ 383 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber &
 Crematorium - COLUMBIUM - MUSEUM

Dying Physician A. K. McGraw (or Coroner)
 His Address Sonoma, Calif
 Name of Father M. J. Lovell
 His Birthplace Iowa
 Maiden Name of Mother Lilla Everett
 Her Birthplace Iowa
 Motor } Remains to
 Ship }
 Size of Casket Large (State Color and Number)
 Manufactured by Butler Basket Co.
 Cemetery } Mt Cem. Sonoma
 Crematory }

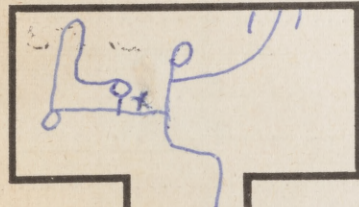


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service 3-1/2 Don Ruggles 7.50
 ... line Death Notices in ... Papers
 (Names of Newspapers) Democrat 4.00
Index Tribune 2.58
 Sales Tax 6.20
 Total Footing of Bill \$ 485.28
 Less 19.90 30 days \$ 19.90
 Balance \$ 465.38
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>April 19, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 21</u>	" <u>Ingull</u>	\$ <u>465.38</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

201

Total No. Yearly No. Date of Entry April 11 1950
 Name of Deceased Fritz J. Malchow
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence 1st St. West Sonoma ☐ Husband ☐ Wife ☐ Widow ☐ Widow
 Charge to Werner J. Malchow or of } Age of Husband or Wife (if living) Years
 Address Rt. 2 Box 39 Sonoma
 Order given by
 How Secured: (or informant)

Veteran, State War No
 Occupation Rancher (Social Security Number) No
 Employer and Address
 Date of Death April 11, 1950 1:30 P.
 Date of Birth August 29, 1873
 Date of Funeral April 13 109 M.
 Place at: Chapel
 Undertaker Rev. Howard Davis Boyes
 Name of the Deceased
 Residence Germany
 State California
 Hospital Community Hospital
 Causes
 Physician A. K. McGrath M.D.
 Burial Sonoma Calif
 Name of Mother Supply
 Residence Germany
 Address 9405 Sep Cap, Gray Ave
 Burial Chapel of the Cross Sonoma

Complete Funeral (except outlays) \$ 235 -
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- }
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Davis - (By family)
 line Death Notices in Papers
 Sales Tax
 Total Footing of Bill
 Less 11.75 - 30 days
 Balance
 Entered into Ledger, page or below.

Balance	Date	Amount Paid	Balance
		To Balance Forward	
		By Payment	
		"	
		"	
		"	
		"	
		"	
		"	
		"	
		"	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

SIZE 6/3
 DESCRIPTION: Line
 HANDLES: 4 Doz. 382-Hdls

Askes Permit 50
 2 Posts @ 2⁰⁰ 4.00
 Opening - 5.00
 Burial Permit at 1⁰⁰ 2.00
 Mother + father's Askes 11.50
Paid In full

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 10 1950
 Name of Deceased Richard Everett Lovell W.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt 2 Box 29 Sonoma Marion E.
 Charge to Mrs. Marion E. Lovell or of Age of Husband or Wife (if living) Years
 Address above
 Order given by (or informant)
 How Secured
 If Veteran, State War no
 Occupation Rancher (Soci
 Employer and Address Self
 Date of Death April 10, 1950 (Date)
 Date of Birth July 13, 1890 (Date)
 Age 59 (Years) 8 (Months)
 Date of Funeral April 13 Thurs (Date) (Day of Week)
 Services at Chapel
 Clergyman Temple Lodge #14 - F. A. (Add
 Religion of the Deceased
 Birthplace Pennsylvania
 Resided in the State (or U. S. or City or County)
 Place of Death Community Hosp
 Cause of Death
 Contributory Causes

Attending Physician A. R. McQuate (or Coroner)
 His Address Sonoma, Calif

Name of Father M. J. Lovell
 His Birthplace Penn
 Maiden Name of Mother Lilla Everett
 Her Birthplace Penn

Motor } Remains to
 Ship }
 Size of Casket Large (State Color and Number)
 Manufactured by Butler Casket Co.
 Cemetery } Mt Cem. Sonoma
 Crematory }

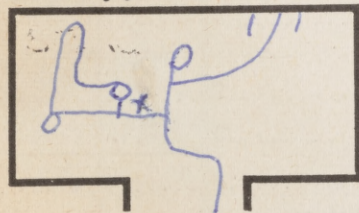


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service 3 - 30
 Don Ruggles
 line Death Notices in Papers
 Democrat
 Index
 Sales Tax
 Total Footing of Bill
 Less 19.90 - 30 days
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>April 19, 1950</u>	<u>Statement</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 21</u>	" <u>Full</u>	\$ <u>465.38</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry ... April 12 1950

Name of Deceased Orlando Fred Weselschwerdt w.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 518 MacArthur St Sonoma, Calif ☐ Husband ☐ Wife ☐ Widow Kathleen
or of Age of Husband or Wife (if living) Years

Charge to Mrs Kathleen Weselschwerdt

Address P.O. Box 906 - Sonoma Complete Funeral (except outlays) \$ 398 -

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

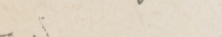
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

Nº 8784

RECEIVED FROM M. <i>Batis + Evans</i>		Santa Rosa, California, <i>April 14</i> , 19 <i>40</i>	
<i>Sonoma, Calif</i>			
Crematorium Services For	<i>Orlando Fred Heselschwerdt</i>		<i>45.00</i>
Memorial Section		Tier	No.
--including endowment fund deposit--			
Urn	Chest	Sales Tax	
Flower Service	{ Twice Once }	Each Week, from	to
{ Rental Care }	from	to	Engraving
			Permit
			Total
			<i>45.00</i>
Credits			
Received	<i>Forty-five and no 100</i>		Dollars <i>45.00</i>
		Present Balance	
		CALIFORNIA CREMATORIUM	
Check No. <i>90-667-1336</i>	Record No. <i>3928</i>	Per	<i>Robert E. Smith</i>

J. R. Streett

Name of Father *Jacob Heselbacher*
His Birthplace *Michigan*
Maiden Name of Mother *Elizabeth Reideman*
Her Birthplace *Germany*
Motor }
Ship } Remains to
Size of Casket *Rose Laupe*
(State Color and Number)
Manufactured by *Suther Casket Co.*
Cemetery }
Crematory } *Chapel of the Chimes S.F.*

 <p>Diagram of Lot or Vault</p>	Lot No.....
	Grave No.....
	Section No.....
	Block No.....
	Owner

Cremation, \$	Palms, \$	Matting, \$	45.00
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service. <i>Rev. Serrell</i>			10 —
<i>no music</i>			
. . . line Death Notices in	Papers		
<i>Democrat</i>			4.00
(Names of Newspapers)			
<i>Examiner - 2 days</i>			12.58
<i>17 lines</i>			
Sales Tax			5.87
Total Footing of Bill	\$	47.5	45
Less <i>19.90 - 30 days</i>	\$	19.90	
Balance	\$	27.60	55
Entered into Ledger, page or below.			

No. April 16 19⁵⁰
Received of Bates & Evans
Seven Dollars.
Cash in effects of
Orlando Fred Heelschwerst
Kathleen Heelschwerst.

[illegible]

Interest to accrue from

Witness.....

Address.....

48

Cov.

1909- H.P.

ON

SIZE 6/6

RECORD OF FUNERAL

203

Total No. Yearly No. Date of Entry April 12 1950
 Name of Deceased Louis Thomas Volk
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Maple + R.R. Ave. Elvans ☐ Husband ☐ Wife ☐ Widow Louise
 Charge to: Mrs. Louise Volk or of Age of Husband or Wife (if living) Years
 Address above -

Order given by (or informant)
 How Secured :
 If Veteran, State War No
 Occupation Buffet Polisher 051-05-1530
 Employer and Address my machine shop
April 16, 1950 9:30 A.
 (Date) (Hour)

Oct 16, 1883 66 5 26
 (Years) (Months) (Days)
April 14, Fri 9:30 A. M.
 (Date) (Day of Week) (Hour)
St Francis

Deceased Catholic (Address)
annexment
 State Home (or U. S. or City or County) (Years) (Months)

Causes.....
 Physician Dr. J. Newman (or Coroner)
Sanoma
Louis Thomas Volk
 of Mother Margaret Hubbard

Motor } Remains to
 Ship }
 Size of Casket 1909- Coa 89-
 Manufactured by S. 7 (State Color and Number)
 Cemetery } Catholic Cem. Sanoma
 Crematory }

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 473
 Casket
 Burial Vault or Box (State Kind) 15
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 1 grave 25
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15
 line Death Notices in Papers
 (Names of Newspapers)
2 c/c - 2.00
 Sales Tax 7.55
 Total Footing of Bill \$ 560.55
 Less 79.90 - 30 days \$ 19.90
24.40 Balance \$ 540.65
 Entered into Ledger, page or below. 536, 15

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>4/19/50</u>	<u>Statement</u>				
	To Above Balance.....	\$		To Balance Forward.....	\$
	By Payment.....	\$		By Payment.....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

203

Total No. Yearly No. Date of Entry April 12 1950
 Name of Deceased Louis Thomas Volk
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Maple + R.R. Ave. St. Louis ☐ Husband ☐ Wife ☐ Widow Louise
 Charge to: Mrs. Louise Volk or of } Age of Husband or Wife (if living) Years
 Address above

Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Buffet Polisher 051-05-1530
 Employer and Address Mfg. Machine Shop
 Date of Death April 12, 1950 9:30 A.
 (Date) (Hour)
 Age at Death 66 5 26
 (Years) (Months) (Days)
 Date of Birth April 14, 1883 9:30 A.
 (Date) (Day of Week) (Hour)
 Place of Birth St. Francis

Deceased Catholic (Address)
annectment
 State Home (or U. S. or City or County) (Years) (Months)
 Causes
 Physician Dr. J. Newman (or Coroner)
Sanoma
Louis Thomas Volk
 of Mother Margaret Kellhardt

Complete Funeral (except outlays) \$ 473
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 (State Number and District)
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass
 line Death Notices in Papers

Size of Casket 190.9 x 30 x 37
 (State Color and Number)
 Manufactured by S. J.
 Cemetery Catholic Cem. Sanoma
 Crematory
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Entered into Ledger, page or below.

Diagram of Lot or Vault
 Sales Tax
 Total Footing of Bill
 Less 11.90 30 days
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
4/19/50	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	April 12 1950
Name of Deceased	Orlando Fred Weselschwerdt		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence	518 MacArthur St Sonoma, Calif		
Charge to	Mrs. Fatsche Weselschwerdt		
Address	P.O. Box 906 - Sonoma		
Order given by	(or informant)		
How Secured			
If Veteran, State War	no		
Occupation	R.R. Conductor		
	Social Security Number 700-10-5176		
Employer and Address	R.R.		
Date of Death	April 12, 1950		
	(Date)	3:30 P.M.	
Date of Birth	Feb. 26, 1881		
	(Years)	(Months)	(Days)
Time of Funeral	April 14 - Fri. 2 P.M.		
	(Date)	(Day of Week)	(Hour)
Places at	Chapel		
Clergyman	Rev. Terrell Sonoma		
	(Address)		
Location of the Deceased			
Place	Michigan		
In the State	(or U.S. or City or County) (Years) (Months)		
Death	Community Hospital		
Death			
Mortality Causes			
Physician	Michael M. Mikita		
	(or Coroner)		
SS.	Bayes Springs, Calif.		
Father	Jacob Weselschwerdt		
His Birthplace	Michigan		
Maiden Name of Mother	Elizabeth Heidemann		
Her Birthplace	Germany		
Motor } Remains to Ship }			
Size of Casket	Rose Laube		
	(State Color and Number)		
Manufactured by	Luther Gasket Co.		
Cemetery Crematory	Chapel of the Chimes S.F.		
Lot No.			
Grave No.			
Section No.			
Block No.			
Owner			
Complete Funeral (except outlays) \$ 398.-			
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress	(State Kind and Color)		
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from:			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District)		
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
Flowers, \$	Palms, \$		
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Railroad } Tickets, \$	Aero-plane Service, \$		
or Motor }			
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service	Rev. Terrell		
	no music		
line Death Notices in	Papers		
	Examiner - 2 days		
	17 lines		
Sales Tax	\$ 5.87		
Total Footing of Bill	\$ 475.45		
Less 19.90 - 30 days	\$ 19.90		
Balance	\$ 455.55		
Entered into Ledger, page or below.			

Nr.

Received of

Seven

Dollars.

Cash in effect of

Orlando Fred Kesselschwerst

Kathleen Henschelhorst.

Witness.

Address.

RECORD OF FUNERAL

203

Total No. Yearly No. Date of Entry. April 12 1950
 Name of Deceased Louis Thomas Volk
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Maple + R.R. Ave. Eltham ☐ Husband ☐ Wife ☐ Widow Louise
 Charge to: Mrs. Louise Volk or of Age of Husband or Wife (if living) Years
 Address above

Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupations Buffet Polster 0.51-0.5-15.30
 Employer and Address 1019 Machine Shop
April 16, 1950 9:30 A.
 (Date) (Hour)

Oct 16, 1883
 (Year) (Month) (Days)
April 14, Fri 9:30 A. M.
 (Date) (Day of Week) (Hour)
St. Francis
 (Address)

Deceased Catholic
annexed
 State (or U.S. or City or County) (Years) (Months)
Home
 Causes
 Physician Dr. J. Newman
 (or Coroner)
Sanoma
Louis Thomas Volk
 of Mother Margaret Hildbrandt

Motor } Remains to
 Ship }
 Size of Casket 190.9. 87
 (State Color and Number)
 Manufactured by S. F.
 Cemetery } Catholic Cem. Sanoma
 Crematory }

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Entered into Ledger, page or below.

Complete Funeral (except outlays) \$ 4.73
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)

Date	Amount Paid	Balance	Date	Amount Paid	Balance
4/19/50	To Above Balance	\$.		To Balance Forward	\$.
	By Payment	\$.		By Payment	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.
	" "	\$.		" "	\$.

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 12 1950

Name of Deceased Orlando Fred Weselschwerdt
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 518 MacArthur St. Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow Kathleen
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Kathleen Weselschwerdt

Address P.O. Box 906 - Sonoma

Order given by (or informant)

How Secured : :

If Veteran, State War no

Occupation R.R. Conductor 700-10-5146
 (Social Security Number)

Employer and Address R.R.

Date of Death April 12, 1950 2:30 P.
 (Date) (Hour)

Date of Birth Feb. 26, 1881
 (Years) (Months) (Days)

Time of Funeral April 14 - Fri 2 P. M.
 (Date) (Day of Week) (Hour)

Place of Service at : : Chapel

Clergyman : Rev. Terrell Sonoma
 (Address)

Place of Residence of the Deceased Michigan

Place in the State Michigan
 (or U. S. or City or County) (Years) (Months)

Death Community Hospital

Death : :

Medical History Causes : :

Physician Michael M. Mikita
 (or Coroner)

SS. Bayes Springs, Calif.

Name or Father Jacob Weselschwerdt

His Birthplace Michigan

Maiden Name of Mother Elizabeth Heideman

Her Birthplace Germany

Motor } Remains to
 Ship }

Size of Casket Rose Laup
 (State Color and Number)

Manufactured by Sutler Casket Co.

Cemetery } Chapel of the Chimes St.
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 398 -

Casket

Burial Vault or Box

Embalming Body
 (State Kind) (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 199
3

Dressing Body, \$ Underwear, \$ 54
7

Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from : :

Taking Remains to : :

Trip to Coroner's Inquest

Delivering Box to : :

Deliver Flowers to : :

Removal Charges

Procuring Burial Permit
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot : :

Cremation 45 00

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Terrell 10 -
Mrs. M. S. S.

..... line Death Notices in Papers 4 00
Des Moines
 (Names of Newspapers) 2 days 12 58
Examiner 17 lines

Sales Tax 5 87

Total Footing of Bill \$ 475 45

Less 19.90 - 30 days \$ 19 90

Balance \$ 455 55

Entered into Ledger, page or below.

	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$			To Balance Forward	\$
By Payment <u>April 14, 1950 Statement</u>	\$			By Payment <u>April 26, 1950 Full</u>	\$
" "	\$			" "	\$
" "	\$			" "	\$
" "	\$			" "	\$
" "	\$			" "	\$
" "	\$			" "	\$
" "	\$			" "	\$

Names of Lodges Insurance Companies

I authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

..... of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

203

Total No. Yearly No. Date of Entry April 12 1950
 Name of Deceased Louis Thomas Volk
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Maple + R.R. Ave. El. 11111 ☐ Husband ☐ Wife ☐ Widow Louise
 Charge to: Mrs. Louise Volk or of Age of Husband or Wife (if living) Years
 Address: above

Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Buffet Polisher 0.51-0.5-1530
 Employer and Address Eng. Machine Shop
April 16, 1950 9:30 A.
Oct 16, 1883 66 5 26
April 14, Fri 9:30 A. M.
St. Francis St. Francis

Deceased Catholic
 State Home
 Causes
 Physician Dr. J. Newman
Sanoma
Louis Thomas Volk
 of Mother Margaret Hildbrandt

Complete Funeral (except outlays) \$ 473
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery
 Extra Limousines
 Autos to R. R. Station
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill
 Less 19.90 30 days
24.40 Balance
 Entered into Ledger, page or below. 536, 15

Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Motor } Remains to
 Ship }
 Size of Casket 190.9 cao 87
 Manufactured by S. 7
 Cemetery } Catholic Cem. Sanoma
 Crematory }

Insurance \$
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Insurance Companies
 (Firm Name of Funeral Directors.)
 Signed
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Insurance \$
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Insurance Companies
 (Firm Name of Funeral Directors.)
 Signed
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

6/6
 No. 1909- H.P. 87
 Description: Sabina Panel & Pillow
 Full lined Bianca Cr. Velvet
 Eggshell Sr. B & Bp
 Handles: 7300-8x2-Spt. & NT Hds & Corners

Date	Amount Paid	Balance	Date	Amount Paid	Balance
4/19/50	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	"	\$	"	\$	
	"	\$	"	\$	
	"	\$	"	\$	
	"	\$	"	\$	
	"	\$	"	\$	
	"	\$	"	\$	
	"	\$	"	\$	

Insurance \$
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness
 Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 13 1950
 Name of Deceased Seeley D. Kinne
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence 312-2nd St. Sonoma ☐ Husband ☐ Wife ☐ Widow Beatrice
 Charge to Mrs. Blanche Rambo or of Age of Husband or Wife (if living) Years
 Address Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War No
 Occupation At. Minister (Social Security Number)
 Employer and Address
 Date of Death April 13 1950 71 m

Pallbearers for KINNE

William D. Rambo
 Vincent N. Rambo
 Howard Frantz
 Werner F. Malchow
 R.F. Cheary
 Frederick L. Wetzel

Certifying Physician Gunn J. Newman, M.D.
 His Address Sonoma, Calif.
 Name of Father Albert N. Kinne
 His Birthplace New York
 Maiden Name of Mother Ethelinda Post
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket (State Color and Number)
 Manufactured by
 Cemetery } Mt. Cemetery Sonoma
 Crematory }

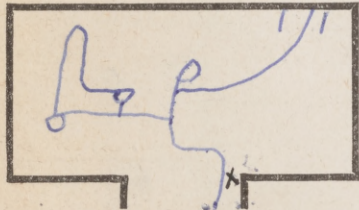


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 383.80
 Casket
 Burial Vault or Box 15
 Embalming Body (State Kind)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 1.00
 Certif. Copies of Death Certificates No. (State Number and District)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 5.5
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. Davis, By family
music, Sals Wilson No Charge
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 6.19
 Total Footing of Bill \$ 460.19
 Less 19.90 30 days \$ 440.19
 Balance
 Entered into Ledger, page or below.

Date	Statement	Amount Paid	Balance	Date	Statement	Amount Paid	Balance
4/19/50	To Above Balance				To Balance Forward		
	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$	May 9, 50	On full	\$440.19	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

205

Total No. Yearly No. Date of Entry April 13 1950

Name of Deceased Ray Jennings Ballen
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 171 Meadowbrook Drive S7 ☐ Husband ☐ Wife ☐ Widow Floyd L. Ballen
 or of Age of Husband or Wife (if living) Years

Charge to: Floyd L. Ballen

Address: above

Order given by: Del. Lombard 6-7884
 (or informant)

How Secured:

If Veteran, State War no

Occupation at home no
 (Social Security Number)

Employer and Address

Date of Death April 13, 1950 8:10 A.
 (Date) (Hour)

Date of Birth Sept. 30, 1878
 (Year) (Months) (Days)

Age 71

Date of Funeral Chapel M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman:
 (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State Iowa
 (or U. S. or City or County) (Years) (Months)

Place of Death Sarona Valley Lodge, Sarona
 (State Number and District)

Cause of Death

Contributory Causes

Certifying Physician Michael M. Maki
 (or Coroner)

His Address: Sarona, Calif

Name of Father J. H. Jennings

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 4800 1/2 - Cedar Rose
 (State Color and Number)

Manufactured by Golden State L9

Cemetery } Friend, Nebraska
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 392.-

Casket

Burial Vault or Box
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress
 (State Kind and Color) 16.00

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... Organ music 5.00

..... line Death Notices in Papers

..... Plane Charges to
 (Names of Newspapers) Omaha

Sales Tax only 7 states \$ 72.43

Total Footing of Bill 72.43 \$ 488.46

Less 19.65 Ins. 1.83 \$ 19.65

Balance 44.46 \$ 468.81

Entered into Ledger, page or below. 469 81

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Total No. Yearly No. Date of Entry April 13 1950

Name of Deceased Seeley D. Kinne
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 312-2nd St. Sonoma ☐ Husband ☐ Wife ☐ Widow Beatrice
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Blanche Hamb

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Att. Minister (Social Security Number)

Employer and Address

Date of Death April 13, 1950 7 A.M.
 (Date) (Hour)

of Birth Dec. 30, 1858
 (Years) (Months) (Days)

of Funeral April 15 Sat. 2 P.M.
 (Date) (Day of Week) (Hour)

es at: Chapel

man: Howard Davis Bayes Springs (Address)

on of the Deceased

lace New York

d in the State Home (or U. S. or City or County) (Years) (Months)

f Death:

of Death:

utory Causes

Complete Funeral (except outlays) \$ 383.00

Casket 15

Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit 1.00

_____ Certif. Copies of Death Certificates No.
 (State Number and District) (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 55

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Davis, Bay family
music, Sals Wilson no charge

..... line Death Notices in Papers
 (Names of Newspapers)

..... no notices

Sales Tax 6.19

Total Footing of Bill \$ 460.19

Less 19.90 30 days \$ 440.19

Balance \$ 440.19

Entered into Ledger, page or below.

Certifying Physician Wm. J. Newman M.D.
 (or Coroner)

His Address Sonoma, Calif.

Name of Father Gilbert N. Kinne

His Birthplace New York

Maiden Name of Mother Ethelinda Post

Her Birthplace

Motor } Remains to

Ship }

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Mt. Cemetery Sonoma

Crematory }

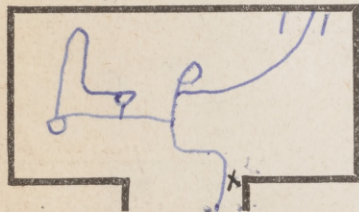


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
4/19/50	Statement				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	May 9, 50	In full	\$440.19
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

205

Total No. Yearly No. Date of Entry April 13 1950

Name of Deceased Ray Jennings Ballen
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 171 Meadowbrook Drive St. Louis ☐ Husband ☐ Wife ☐ Widow Floyd L. Ballen
 or of Age of Husband or Wife (if living) Years

Charge to: Floyd L. Ballen
 Address: above
 Order given by: Del. Lombard 6-7884
 (or informant)

How Secured:
 If Veteran, State War no
 Occupation at home (Social Security Number) no
 Employer and Address
 Date of Death April 13, 1950 8:10 A.
 (Date) (Hour)
 Date of Birth Sept. 30, 1878
 Age 71 (Years) (Months) (Days)
 Date of Funeral M.
 (Date) (Day of Week) (Hour)
 Services at: Chapel
 Clergyman: (Address)
 Religion of the Deceased
 Birthplace Iowa
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Sonoma Valley Lodge, Sonoma
 Cause of Death
 Contributory Causes

Certifying Physician Michael M. Mink
 (or Coroner)
 His Address: Sonoma, Calif.
 Name of Father J. H. Jennings
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket 48006 - Cedar Rose
 (State Color and Number)
 Manufactured by Golden State L. 9
 Cemetery } Friend, Nebraska
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 392.-
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 16.00
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 Organ music 5.00
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax only 5 state 74.46
 Total Footing of Bill 72.43 \$ 48.8 46
 Less 19.65 Ins. 1.83 \$ 19 65
 Balance 74.46 \$ 46.8 81
 Entered into Ledger, page or below. 469 81

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance.....	\$.....	.....	To Balance Forward.....	\$.....
.....	By Payment.....	\$.....	.....	By Payment.....	\$.....
.....	" ".....	\$.....	<u>April 14, 1950</u>	" <u>Ins. full</u>	\$ <u>469</u> 81
.....	" ".....	\$.....	" "	\$.....
.....	" ".....	\$.....	" "	\$.....
.....	" ".....	\$.....	" "	\$.....
.....	" ".....	\$.....	" "	\$.....
.....	" ".....	\$.....	" "	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness..... Signed.....
 Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

207

Total No. Yearly No. Date of Entry April 19 1950
 Name of Deceased Margaret A. Watts
☒ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence: Rt 2 Box 400 A Sonoma ☐ Husband ☐ Wife ☐ Widow Thomas Spencer
 Charge to: Roger Watts or of Age of Husband or Wife (if living) Years
 Address: Above
 Order given by (or informant)
 How Secured:
 If Veteran, State War
 Occupation at home (Social Security Number)
 Employer and Address

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest

PALLBEARERS FOR WATTS

Morgan Dill
 Mr. Bettencort
 Rex Robins
 Wendal Schall
 Mr. Jacobs
 Mr. Wilchar

Phone Santa Rosa 6-R
 Box 524



Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

Redwood
 at Head

No 880, \$

RECEIVED FROM M

Santa Rosa, California, April 22, 1950

Crematorium Services For

Memorial Section

--including endowment fund deposit--

Urn

Chest

Sales Tax

Flower Service

☒ Twice
☐ Once

Each Week, from

to

{ Rental
 Care }

from

to

Engraving

Permit ☒

Total

Credits

Received

Check No.

Record No.

Present Balance
 CALIFORNIA CREMATORIUM
 Per Burnett & Evans

Sales Tax

Printing of Bill

No.

April 22, 1950

Received of

Bates & Evans, Funeral Directors

one wedding ring, one ring with stone

(apparently diamond)

one ring with set (blue)

Dollars

\$

Signed

Roger Watts

SON

Insurance \$

Names of
 Lodges

Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Address

Witness

Compiled by F. J. FEINEMAN St. Louis, Mo.

Amount Paid Balance

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 15 19 50
 Name of Deceased Gladys Eddy Richards
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence 707 Broadway - Tel. 7903 - ☐ Husband ☐ Wife ☐ Widow John H.
 Charge to Salmon Reme Leitcher or of Age of Husband or Wife (if living) Years
 Address
 Order given by (or informant)

Secured:
 an, State War No
 tion at home 546-30-7643
 (Social Security Number)
 er and Address
 Death April 15, 1950 11:45 P.
 (Date) (Hour)
 Birth July 10, 1891
 (Date) (Month) (Day) (Year)
 Funeral April 18, 1950 2 P. M.
 (Date) (Day of Week) (Hour)
 s at Chapel
 (Address)
 n of the Deceased
 ace Nebraska
 l in the State
 (or U.S. or City or County) (Years) (Months)
 f Death Community Hospital
 of Death
 butory Causes

ing Physician Wm. Newman M.D.
 (for Coroner)
 His Address Laurel, Calif.
 Name of Father George B. Eddy
 His Birthplace Silverbrook N.Y.
 Maiden Name of Mother Letty J. Fuller
 Her Birthplace Plimington, Nebraska
 Motor } Remains to
 Ship }
 Size of Casket Grey 7
 (State Color and Number)
 Manufactured by Chapel of the Times S.P.
 Cemetery }
 Crematory }

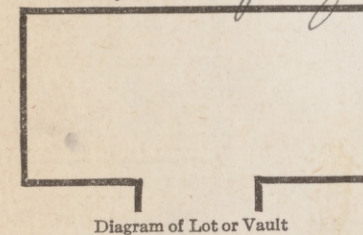


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 323
 Casket
 Burial Vault or Box
 Embalming Body (State Kind)
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rea Terrell
 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 387.85
 Less 16.15 - 30 days \$ 16.15
 Balance \$ 371.70
 Entered into Ledger, page or below.

SIZE	NO.	COV.	Date	Amount Paid	Balance
6/3	9389-	378			
Stephen of Sunray				To Balance Forward	\$
Bp				By Payment	\$
				<u>April 18, 1950 Paid In full</u>	<u>371.70</u>
				" "	\$
				" "	\$
				" "	\$
				" "	\$
				" "	\$
				" "	\$

Names of Lodges Insurance Companies
 neral, and I hereby represent that I have sufficient resources Legally available to
 n, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 % per annum.
 Signed
 Address

207

PALLBEARERS FOR WATTS

Morgan Dill
Mr. Bettencort
Rex Robins
Wendal Schall
Mr. Jacobs
Mr. Wilchar

Certifying Physician Wm. J. Newman md
 (or Coroner)
 Address: Sacramento, Calif.
 Name of Father Berlin Messelger
 Birthplace _____
 Maiden Name of Mother Ida. Brunswick
 Birthplace _____
 Remains to _____
 Color of Casket 9389 Z. C. Green
 (State Color and Number)
 Manufactured by _____
 Buried at _____
 Cemetery Chapel of the Chimes S.F.

Lot No.

Complete Funeral (except outlays)	\$	32.3	-
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		16.15
Suit or Dress	(State Kind and Color)		
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		4.85
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District)		
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation		45	50
Flowers, \$	Palms, \$	Matting, \$	
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$	Organist, \$	
Railroad or Motor	Tickets, \$	Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges			
Cash Advanced	<i>Mustin Science Radio</i>	10	-
Out of town Undertaker's Charges	<i>Mrs. Myers</i>		
Personal Service	<i>Mrs. M. M. M. M. M.</i>	7	50
line Death Notices in	Papers		
	<i>Posted</i>	2	58
	(Names of Newspapers)	1	50
	<i>Send of Thanks</i>		
Sales Tax		4	85

[illegible]

No. April 22, 1950 19

Received of Bates & Evans , Funeral Directors

one wedding ring, one ring with stone Dollars,
(apparently diamond) 100

one ring with set (blue)

\$ Signed Roger Watts SON

Insurance \$. Names of
Lodges. Companies.

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum. Signed

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 15 19 50Name of Deceased Gladys Eddy Richards
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)Residence 707 Broadway - Tel. 2903 - ☐ Husband ☐ Wife ☐ Widow John H.
Charge to Salomon Acme Lecher or of Age of Husband or Wife (if living) Years

Address

Order given by (or informant)

Secured:

War, State War NoLocation at home 546-30-7643
(Social Security Number)

Place and Address

Death April 15, 1950 11:45 P.
(Date) (Hour)Birth July 10, 1891
(Date)Funeral April 18 Sue 2 P.
(Date) (Day of Week) (Hour) M.Place at: Chapel

Funeral Home: (Address)

Name of the Deceased

Place Nebraska

Place in the State (or U. S. or City or Co.)

Cause of Death Community

Cause of Death

Contributory Causes

Attending Physician Wm. J. NewHis Address Laurel, Cal.Name of Father George B.His Birthplace Silver Creek, Mo.Maiden Name of Mother LettyHer Birthplace Belington, Ne.Motor } Remains to
Ship }Size of Casket Queen's (State Color and)Manufactured by Chapel of the Ch.Cemetery } Chapel of the Ch.

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Total Footing of Bill \$ 387.85Less 16.15 - 20 days \$ 16.15Balance \$ 371.70

Entered into Ledger, page or below.

SIZE 6/3 No. 9389- Cov. 378 Date

Amount Paid

Balance

To Balance Forward \$

By Payment April 18, 50 Paid in full \$ 371.70

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

Names of Insurance

Lodges. Companies

General, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

n, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

..... % per annum. Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 15 19 50Name of Deceased Gladys Eddy Richards
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)Residence 707 Broadway - Tel. 2903 -
Charge to Salesman Anne Leitcher or John H. of John H. Age of Husband or Wife (if living) Years

Address

Order given by (or informant)

Secured:

an, State War NAtion at home 546-30-7643
(Social Security Number)

er and Address

Death April 15, 1950 11:45 P.
(Date) (Hour)Birth July 10, 1891
(Date) (Month) (Days)Funeral April 18, 1950 2 P.
(Date) (Day of Week) (Hour) M.s at Chapel
(Address)

nan:

n of the Deceased

ace Nebraska
(or U. S. or City or Co)f Death Community

of Death:

utory Causes:

ing Physician Wm. J. New
(or Coroner)His Address Lafayette, La.Name of Father George B. B.His Birthplace Silver Creek, T.Maiden Name of Mother TettyHer Birthplace Blington, Ne.Motor } Remains to
Ship }Size of Casket Large (State Color and)Manufactured by Chapel of the Sh.Cemetery } Chapel of the Sh.
Crematory }

Lot No.

Grave No.

Section

Block N

Owner

Diagram of Lot or Vault

SIZE 6/3 NO. 9389-

Stephen of Sunr

Bp

Names of

Lodges

Insurance

Companies

General, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

n, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

..... % per annum.

Signed

Address

207

6/3		NO.		9389		COV.		378		Date		Amount Paid		Balance	
DESCRIPTION:										To Balance Forward		\$.		\$.	
Stephen of Sunray										By Payment		\$.		\$.	
M B & Ep															
NDLES:										april 25		\$.		\$.	
2756-3x0-Hdls										fuel		379.78		\$.	
												\$.		\$.	
												\$.		\$.	
Statement 24.50												\$.		\$.	
												\$.		\$.	
												\$.		\$.	

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 19 1950

Name of Deceased Errol Collins white
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Edridge ☐ Husband ☐ Wife ☐ Widow } Lee Collins
 or Son of } Age of Husband or Wife (if living) Years

Charge to Lee Collins

Address 804 Del Paso Heights, Cal.

Order given by (or informant)

How Secured: Cash

If Veteran, State War none

Occupation none (Social Security Number)

Employer and Address none

Date of Death April 19, 1950 3:25 P.M.
 (Date) (Hour)

Date of Birth June 16, 1949
 (Date) (Month) (Day)

Age 10 3
 (Years) (Months) (Days)

Date of Funeral 4/21/50 Tue 2 P.M.
 (Date) (Day of Week) (Hour)

Services at: East Lawn Cem. Sacramento

Clergyman: (Address)

Religion of the Deceased Prod.

Birthplace Calif.

Resided in the State Life
 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Meningitis

Contributory Causes

Certifying Physician Daniel Lieberman MD
 (or Coroner)

His Address El. dydy, Calif.

Name of Father Lee Collins

His Birthplace

Maiden Name of Mother Cathrine Ringree

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 3/0 - white Lamb
 (State Color and Number)

Manufactured by: S. F.

Cemetery } East Lawn Cem. Sacramento
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 75

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 1 13

Total Footing of Bill \$ 76 13

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

209

Total No. Yearly No. Date of Entry April 21 1950

Name of Deceased Alice Emma Polley

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence 2nd St Elverness, Calif (What Race) W.

Charge to Percy William Polley or Husband ☐ Wife ☐ Widow ☐ Age of Husband or Wife (if living) Years

Address Elverness, Calif

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation at home (Social Security Number) No

Employer and Address

Date of Death April 21, 1950 99 M. (Date) (Hour)

Date of Birth June 20, 1879

Age 70 10 1 (Years) (Months) (Days)

Date of Funeral April 22 1950 99 M.

Complete Funeral (except outlays) \$ 235 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 1175

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 350

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8803

RECEIVED FROM M Bates & Evans Santa Rosa, California April 22, 1950

Crematorium Services For Alice Emma Polley \$ 45.00

Memorial Section
--including endowment fund deposit--

Tier No. \$ 45.00

Urn Chest Sales Tax

Flower Service { Twice } { Once } Each Week, from to Engraving Permit

{ Rental } { Care } from to Engraving Permit

Total \$ 45.00

Credits

Received Forty five and No/100 Dollars 45.00

Check No. 90-667 Record No. 3939

Present Balance
CALIFORNIA CREMATORIUM
Per J. H. Brothman

Manufactured by Chapel of the Chimes S.R. line Death Notices in Papers (Names of Newspapers)

Lot No.

Grave No.

Section No.

Block No.

Sales Tax 353

Total Footing of Bill \$ 393.53

Less \$ 11.75

Balance \$ 281.78

SIZE 6/3 No. 9405-Slip cap Cov. Gray Doe ed into Ledger, page or below.

DESCRIPTION: Lined Synray Rd. Pillow

HANDLES: 382- Hds

Date	Amount Paid	Balance
To Balance Forward		\$
By Payment		\$
<u>May 16, 50 In full</u>	<u>281.78</u>	
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Signed Address

Witness
Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 19 1950

Name of Deceased Jerold Collins white
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Edridge ☐ Husband ☐ Wife ☐ Widow } Lee Collins
 or Son of } Age of Husband or Wife (if living) Years

Charge to Lee Collins

Address 804 Del Paso Heights, Cal. Complete Funeral (except outlays) \$ 75

Order given by (or informant)

How Secured: Cash

If Veteran, State War none

Occupation none (Social Security Number)

Employer and Address none

Date of Death April 19, 1950 3:25 P.M. (Date) (Hour)

Date of Birth June 16, 1949

Age 10 3 (Years) (Months) (Days)

Date of Funeral 4/21/50 Fri. 2 P.M. (Date) (Day of Week) (Hour)

Services at: East Lawn Cem.

Clergyman:

Religion of the Deceased Presb.

Birthplace Calif.

Resided in the State (or U. S. or City or Coun)

Place of Death Sonoma State

Cause of Death Meningitis

Contributory Causes

Certifying Physician Daniel Lee (or Coroner)

His Address Edridge, Calif.

Name of Father Lee Collins

His Birthplace

Maiden Name of Mother Catherine

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 3/0 - white (State Color and Nu)

Manufactured by: S. F.

Cemetery } East Lawn Cem. Sacramento
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Entered into Ledger, page or below.

(Names of Newspapers)

Sales Tax 1/13

Total Footing of Bill \$ 76.13

Less \$

Balance \$

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

209

Total No. Yearly No. Date of Entry April 21 1950
 Name of Deceased Alice Emma Polley
☐ Married ☒ Single ☐ Widowed ☐ Divorced
 Residence 2nd St Elverham, Calif (What Race)
 Charge to Percy William Polley
 Address Elverham, Calif or of Age of Husband or Wife (if living) Years

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation at home (Social Security Number) No

Employer and Address

Date of Death April 21, 1950 99 M.
 (Date) (Hour)

Date of Birth June 20, 1879

Age 70 10 1
 (Years) (Months) (Days)

Date of Funeral April 22, 1950 99 M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Terrell (Address)

Place of Birth of the Deceased

Place of Birth England

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Homes

Cause of Death Coronary Occlusion

Contributory Causes Arteriosclerosis

Attending Physician A. K. M. Smith, M.D. (or Coroner)

Address Sanoma

Name of Father Edward Wheeler

Birthplace England

Full Name of Mother

Birthplace England

Remains to of Casket 9405 Slip cap Grey

Manufactured by Cemetery } Chapel of the Resurrection S.R.

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays) \$ 235

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation 45

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Terrell no music 10

Line Death Notices in Papers

(Names of Newspapers)

Sales Tax 3.53

Total Footing of Bill \$ 293.53

Less \$ 11.75

Balance \$ 281.78

ed into Ledger, page or below.

Date Amount Paid Balance

To Balance Forward \$

By Payment May 16, 50 In full 281.78 \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

" " \$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

211

Total No. Yearly No. Date of Entry April 22 19 50

Name of Deceased Caesar Grassi
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Spain St. Sonoma ☐ Husband ☐ Wife ☐ Widow
 Charge to: Vernon Silvershield, Coroner or of Age of Husband or Wife (if living) Years
 Address: File with Grinstead
 Order given by above (or informant)
 How Secured
 If Veteran, State War unk
 Occupation Labarer (Social Security Number) unk
 Employer and Address
 Date of Death April 22, 1950 11:59 (Date) (Hour)
 Date of Birth March 20, 1883 (Date) (Month) (Day) (Year)
 Age 67 (Years) 1 (Months) 2 (Days)
 Date of Funeral April 26, wed 9:00 (Date) (Day of Week) (Hour) M.
 Services at St. Francis Church
 Clergyman (Address)
 Religion of the Deceased Catholic
 Birthplace Italy
 Resided in the State years (or U.S. or City or County) (Years) (Months)
 Place of Death Home
 Cause of Death Insurrection of Port-au-Prince
 Contributory Causes fall of left ventricle
 Certifying Physician Vernon Silvershield, Coroner (or Coroner)
 His Address Santa Rosa, Calif
 Name of Father
 His Birthplace
 Maiden Name of Mother
 Her Birthplace
 Motor } Remains to
 Ship }
 Size of Casket Metal Hecker (State Color and Number)
 Manufactured by 7
 Cemetery } Catholic Cem Sonoma
 Crematory }
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 810 -
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 10.50 24.31 10.81
 Slippers, \$ Hose, \$ underwear 2.06
 Folding Chairs, \$ Tarpaulin, \$ pay 2.00
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot 1 grave 25.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 27.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15.00
 line Death Notices in Papers
Posted Index 2.58
Casket Spray 15.00
 Sales Tax 12.60
 Total Footing of Bill \$ 935.05
 Less 41.25 - 3 days \$ 41.25
 Balance \$ 893.80
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
May 18/50	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	June 3, 1950	" " <u>full</u>	\$ <u>893.80</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

211

Total No. Yearly No. Date of Entry April 22 1950

Name of Deceased Caesar Grasso
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Spain St. Sonoma ☐ Husband ☐ Wife ☐ Widow
 or of } Age of Husband or Wife (if living) Years

Charge to: Vernon Silverfield, Coroner

Address: File with Grinstead

Order given by above (or informant)

How Secured

If Veteran, State War unk

Occupation Labarer unk (Social Security Number)

Employer and Address

Date of Death April 22, 1950 11:59 (Date) (Hour)

Date of Birth March 20, 1883 (Date)

Age 67 (Years) 1 (Months) 2 (Days)

Date of Funeral April 26, wed 9:00 (Date) (Day of Week) (Hour) M.

Services at St. Francis Church

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State years (or S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Infection of Prostate

Contributory Causes fixed & left ventricle

Certifying Physician Vernon Silverfield, Coroner (or Coroner)

His Address Santa Rosa, Calif

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket metal heater (State Color and Number)

Manufactured by 7

Cemetery } Catholic Cem Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 810 -

Casket

Burial Vault or Box \$ 1.50 - (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 10.50 24.31 (State Kind and Color) \$ 10.81

Slippers, \$ Hose, \$ underwear 2.00 \$ 2.06

Folding Chairs, \$ Tarpaulin, \$ 4.06

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$ 40.50

Limousines to Cemetery @ \$ 1.50

Extra Limousines @ \$ 42.00

Autos to R. R. Station @ \$ 12.60

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot grave 25.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 27.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service mass 15.00

line Death Notices in Papers

Posted Index 2.58
Casket spray 15.00

Sales Tax 12.60

Total Footing of Bill \$ 935.05

Less 41.25 - 30 days \$ 41.25

Balance \$ 893.80

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>May 18/50</u>	<u>Filed with GRH</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>June 3, 1950</u>	" "	\$
	" "	\$	<u>July</u>	" "	\$ <u>893.80</u>
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 25 1950

Name of Deceased Antonio Castorena W. Mexican
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 36 - Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Blankenship - son-in-law or of } Age of Husband or Wife (if living) Years

Address: 620 Brennan St
Vallejo, Calif.
 Order given by:
 How Secured:
 If Veteran, State War No
 Occupation: Laborer +568-16-7205
 Employer and Address
 Date of Death April 25, 1950 2:30 P.
 Date of Birth July 24, 1891
 Age 58 9 1
 Date of Funeral April 27, Thurs. 9:30 A.M.
 Services at: St. Francis
 Clergyman:
 Religion of the Deceased Catholic
 Birthplace Mexico
 Resided in the State
 Place of Death Home
 Cause of Death
 Contributory Causes
 Certifying Physician Vernon S. Sneysheld, Coroner
 His Address Santa Rosa, Calif.
 Name of Father Jesus Castorena
 His Birthplace Mexico
 Maiden Name of Mother Marie
 Her Birthplace Mexico
 Motor Ship } Remains to
 Size of Casket #95 H. Dueskin Silver
 Manufactured by: Golden State Casket
 Cemetery } Catholic Cemetery Sonoma
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$ 308
 Casket
 Burial Vault or Box \$ 15
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 1 grave \$ 25.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass \$ 15.00
 line Death Notices in Papers
 Sales Tax \$ 5.07
 Total Footing of Bill \$ 393.07
 Less \$ 16.15
 Balance \$ 276.92
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	April 25 on acct.	\$185 -	\$
" "	\$	\$	April 29 "in full"	\$191.92	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

213

Total No. Yearly No. Date of Entry April 25 19. 50

Name of Deceased Benjamin Hickin W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 63 - Panama ☐ Husband ☐ Wife ☐ Widow } None
 or of } Age of Husband or Wife (if living) Years

Charge to Ernest Hickin

Address Above

Order given by Above (or informant)

How Secured

If Veteran, State War No

Complete Funeral (except outlays)	\$ <u>398</u>	-
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Hair Dressing, \$		

Cadaver Hickin, Benjamin

Date 4-25-50 Hour 2:30 PM

Key given by J. Main, P.M. To Phil Martel

Autopsy By order Dr. Cronin Message received by M. Bauer

Performed by Drs. Fowler & Schaefer Where San Co. Hosp Time 4:30 (4-25-50)

Undertaker Bates & Evans Called by M. Bauer RV

Checked out by M. Bauer Date 4-25-50 Hour 7 PM

Reason for delay (if any) autopsy & permission coroner

Effects None Checked on Ward by Wm. Lewis

Undertaker Bates & Evans

N-6-A 2M 4-15

Motor } Remains to <u>Ship</u>	Out of town Undertaker's Charges		
Size of Casket <u>Large</u> (State Color and Number)	Personal Service		
Manufactured by <u>Sutter Casket Co.</u>	line Death Notices in Papers		
Cemetery } <u>P.O. Box 63 - Panama</u>	(Names of Newspapers)		
Diagram of Lot or Vault	Sales Tax	\$ <u>5.97</u>	
Lot No.	Total Footing of Bill	\$ <u>414.78</u>	
Grave No.	Less <u>19.90</u>	\$ <u>19.90</u>	
Section No.	Balance	\$ <u>394.88</u>	
Block No.	Entered into Ledger, page or below.		
Owner			

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>April 28</u>	By Payment	\$ <u>394.88</u>
	" "	\$	<u>July</u>	" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 25 1950

Name of Deceased Antonio Castorena W. Mexican
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt. 1, Box 36 - Sonoma ☐ Husband ☐ Wife ☐ Widow }
 Charge to: By Blankenship - son-in-law or of } Age of Husband or Wife (if living) Years

Address 620 Brennan St. Vallejo, Calif.
 Order given by (or informant)

How Secured: Complete Funeral (except outlays) \$ 308

If Veteran, State War No Casket
 Occupation Laborer + 568-16-7205 Burial Vault or Box \$ 15
 Employer and Address Embalming Body (State Kind)
 Date of Death April 2 Barber, \$ Hair Dressing, \$
 Date of Birth July 2 Dressing Body, \$ Underwear, \$
 Age 58 (Years)

Date of Funeral April 2
 Services at St. Francis
 Clergyman
 Religion of the Deceased Ca
 Birthplace Mexico
 Resided in the State (or U. S. or)
 Place of Death Home
 Cause of Death
 Contributory Causes

Certifying Physician Urrutia
 His Address Santa Rosa
 Name of Father Jesus C.
 His Birthplace Mex
 Maiden Name of Mother M.
 Her Birthplace Mex

Motor Ship } Remains to
 Size of Casket # 95 H. Larchmont Silver \$ 15.00
 Manufactured by Golden State Casket line Death Notices in Papers
 Cemetery } Catholic Cemetery Sonoma (Names of Newspapers)

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Entered into Ledger, page or below.

Sales Tax \$ 5.07
 Total Footing of Bill \$ 393.07
 Less \$ 16.15
 Balance \$ 276.92

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>April 25</u>	<u>on acct.</u>	<u>\$185 -</u>
	" "	\$	<u>April 29</u>	<u>" in full</u>	<u>\$191.92</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

213

Total No. Yearly No. Date of Entry April 25 1950

Name of Deceased Benjamin Hickin
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence P.O. Box 63 - Panama ☐ Husband ☐ Wife ☐ Widow } None
 or of } Age of Husband or Wife (if living) Years

Charge to Ernest Hickin

Address Above

Order given by Above (or informant)

How Secured

If Veteran, State War no

Occupation Retired Bee Keeper no (Social Security Number)

Employer and Address

Date of Death April 25, 1950 2:31 P. (Date) (Hour)

Date of Birth July 22, 1873 76 (Years) (Months) (Days)

Date of Funeral April 28, Fri ? M. (Date) (Day of Week) (Hour)

Place of Death Salinas, Calif. St. Luke's Hospital

Funeral Home (Address)

Place of the Deceased

Place of Death Canada

Place of Death (or U. S. or City or County) (Years) (Months)

Place of Death Sanoma County Hospital

Place of Death

Contributory Causes

Attending Physician Vernon Silverfield (or Coroner)

Address Santa Rosa, Calif.

Place of Father William Hickin

Place of Birth England

Name of Mother Mary Hendrick

Place of Birth England

Motor Ship } Remains to

Size of Casket Large (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery P.O. Box 63 - Panama

Crematory

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 398

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 10.50 24.31 10.81 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$ 19.93

Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit. (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- } plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers (Names of Newspapers)

Sales Tax 5.97

Total Footing of Bill \$ 414.78

Less 19.90 \$ 394.88

Balance \$ 394.88

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>April 28</u>	By Payment	\$ <u>394.88</u>
	" "	\$	<u>July</u>	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$
	" "	\$	" "	" "	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Total No. Yearly No. Date of Entry April 30 1950

Name of Deceased Glenda Joyce Blackwell
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Boyd St. Santa Rosa, Calif. ☐ Husband ☐ Wife ☐ Widow none
 Charge to Larry Blackwell or of Agt of Husband or Wife (if living) Years

Address above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number) none

Employer and Address

Date of Death April 30, 1950 6:00 A.M. (Date) (Hour)

Date of Birth April 28, 1950 (Date) (Hour)

Age 1-16 hrs (Years) (Months) (Days)

Date of Funeral May 3 - Wed - 3:30 P.M. (Date) (Day of Week) (Hour)

Services at Church of Christ

Clergyman (Address)

Religion of the Deceased

Birthplace Sebastopol, Calif.

Resided in the State Calif. (or U.S. or City or County) (Years) (Months)

Place of Death Palms Drive Hospital

Cause of Death

Contributory Causes

Certifying Physician Chester Marsh M.D. (or Coroner)

His Address Sebastopol, Calif.

Name of Father Larry Blackwell

His Birthplace Calif.

Maiden Name of Mother Katherine Richter

Her Birthplace Calif.

Motor } Remains to
 Ship }

Size of Casket 2 1/2 x Oval Top (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery D.O.D.F. Cem. Santa Rosa

Crematory

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 25.00

Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

215

Total No. Yearly No. Date of Entry May 2 1950
 Name of Deceased Sophie Rhode
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt. 3, Box 252 Petaluma ☐ Husband ☐ Wife ☐ Widow }
 Charge to Harry Rhode or of } Age of Husband or Wife (if living) Years
 Address Western Auto - Sonoma
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation At home - 570-26-1641 (Social Security Number)
 Employer and Address
 Date of Death May 2, 1950 4 a.m. (Date) (Hour)
 Date of Birth May 12, 1884
 Age 65 0 10 (Years) (Months) (Days)

PALLBEARERS FOR RHODE

Phillip Bill
 Nib Maieei
 Kenneth Roeder
 Johnny von aohlen
 John Rubke
 Joe Andrieux

Certifying Physician Kathleen Morris m.d.
 His Address Petaluma, Calif.
 Name of Father Frank Kasperer
 His Birthplace Polland
 Maiden Name of Mother
 Her Birthplace Polland

Motor } Remains to
 Ship }
 Size of Casket 9 1/2 Cedar Rose - 1 ct
 Manufactured by Golden State Casket
 Cemetery } mt. Cem. Sonoma
 Crematory }

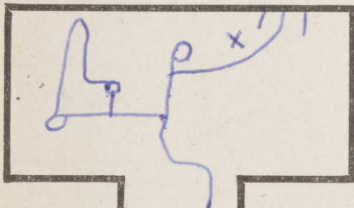


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 350 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
~~Suit or~~ Dress 16.00 Lat 48 (State Kind and Color) 16 48
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges Pet. Permit 1.00
 Procuring Burial Permit Local 1.00
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot 4 Posts @ 2.00 8.00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 60.00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15.00
2 C.C. death certificates 2.00
 line Death Notices in Papers
Posted Index 2.58
 (Names of Newspapers)
Argus Carrier 2 days 4.00
 Sales Tax 5.70
 Total Footing of Bill \$ 450.76
 Less 19.05 30 days \$ 19.05
 Balance \$ 461.71
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>May 9, 1950</u>	<u>To Above Balance</u>	\$		<u>To Balance Forward</u>	\$
	<u>By Payment</u>	\$		<u>By Payment</u>	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry April 30 1950

Name of Deceased Glenda Joyce Blackwell

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Boyd St. Santa Rosa, Calif. ☐ Husband ☐ Wife ☐ Widow } none

Charge to Larry Blackwell or of } Age of Husband or Wife (if living) Years

Address above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number) none

Employer and Address

Date of Death April 30, 1950 6 A.M. (Date) (Hour)

Date of Birth April 28, 1950

Age (Years) (Months) (Days) 1-16 hrs

Date of Funeral May 3 - Wed - 3:30 P.M. (Date) (Day of Week) (Hour)

Services at Church of Christ S.R.

Clergyman (Address)

Religion of the Deceased

Birthplace Sebastopol Calif.

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death Palms Drive Hospital

Cause of Death

Contributory Causes

Certifying Physician Chester Marsh M.D. (or Coroner)

His Address Sebastopol Calif.

Name of Father Larry Blackwell

His Birthplace Calif.

Maiden Name of Mother Katherine Richter

Her Birthplace Calif.

Motor Ship } Remains to

Size of Casket 14" Oval Top (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery D.O.F. Cem. Santa Rosa

Diagram of Lot or Vault

Lot No. Grave No. Section No. Block No. Owner

Casket & services

Complete Funeral (except outlays) \$ 25.00

Casket

Burial Vault or Box

Embalming Body (State Kind)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certif. (State N) (State Phys)

Pall Bearer Service, \$ Use of

Gross Total for Sales Tax

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers

(Names of Newspapers)

Sales Tax 38

Total Footing of Bill \$ 25.38

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

215

Total No. Yearly No. Date of Entry May 4 1950

Name of Deceased Clement Santa
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Elkerrans ☐ Husband ☐ Wife ☐ Widow ☒ none
 or of } Age of Husband or Wife (if living) Years

Charge to: Vernon Silvershield, Coroner
nephew - Olinda Santa Tanno
 Address Elkerrans, Calif.

Order given by Elkerrans, Calif.
 (or informant)

How Secured:

If Veteran, State War No.

Occupation Retired Teacher (Social Security Number) No.

Employer and Address

Date of Death May 4, 1950 10:25 P.
 (Date) (Hour)

Date of Birth Unknown

Age About 59 yrs.
 (Years) (Months) (Days)

Date of Funeral May 6, Sat. 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Thomas Church

Clergyman

Religion of the Deceased

Birthplace Switzerland

Resided in the State 27 years
 (or U. S. or City or County) (Years) (Months)

Place of Death Elkerrans, California

Cause of Death

Contributory Causes

Certifying Physician Wm J. Newman M.D.
 (or Coroner)

His Address Sanoma

Name of Father Giuseppe Santa

His Birthplace Switzerland

Maiden Name of Mother Philomena Starni

Her Birthplace Switzerland

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Catholic Cemetery Los Angeles
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.

Complete Funeral (except outlays) \$ 308

Casket \$ 15

Burial Vault or Box (State Kind) \$ 15

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$ 2.00

Suit or Dress (State Kind and Color) \$ 2.00

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot Grave \$ 25.00

Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb \$ 25.00

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Flowers \$ 15.00
Mass \$ 15.00

..... line Death Notices in Papers \$ 4.00
Democrat (Names of Newspapers) \$ 2.58
Post-Examiner \$ 2.29
Examiner 17 lines \$ 5.07

Sales Tax \$ 420.94

Total Footing of Bill \$ 420.94

Less 16.15 Bodays \$
 Balance \$

edger, page or below.

	Amount Paid	Balance
To Balance Forward		\$
By Payment	\$ <u>17.50</u>	\$ <u>420.94</u>
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$
" "		\$

Insurance Companies
 ally available to (Firm Name of Funeral Directors.)
 days from date. Interest to accrue from
 o.

nephew Olinda Santa Tanno
San Vittore Gr. Switz.
may 29, 1950 filed with ARH.
maria Santa Gabuzzi
Bellinzona Switz.
 Sisters
6/9/50 filed with ARH
Rina Santa Tanno
San Vittore, Gr. Switz.

217

Compiled by F. J. FEINEMAN St. Louis, Mo.

217

PALLBEARERS FOR BAINES

Name _____

Maiden Name of Mother...

Her Birthplace.....

Motor } Remains to
Ship }

Size of Casket.

Manufactured by: Sutton Carpet

Cemetery } So. Mt. Cemetery, Sonoma.
Crematory }

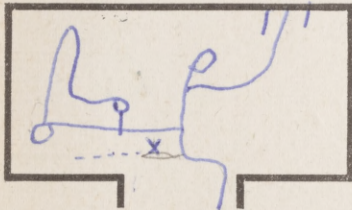


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays).....\$		383	-
Casket.....			
Burial Vault or Box.....	(State Kind)	15	-
Embalming Body.....	(Name of Embalmer)		
Barber, \$.....	Hair Dressing, \$.....		
Dressing Body, \$.....	Underwear, \$.....		
Suit or Dress.....	(State Kind and Color)	3	61
Slippers, \$.....	Hose, \$.....		
Folding Chairs, \$.....	Tarpaulin, \$.....		
Candelabrum, \$.....	Candles, \$.....		
Door Spray, \$.....	Gloves, \$.....		
Funeral Car, \$.....	Ambulance, \$.....		
Limousines to Cemetery.....	@ \$.....		
Extra Limousines.....	@ \$.....		
Autos to R. R. Station.....	@ \$.....		
Getting Remains from.....			
Taking Remains to.....			
Trip to Coroner's Inquest.....			
Delivering Box to.....			
Deliver Flowers to.....			
Removal Charges.....			
Procuring Burial Permit.....	(State Number and District)	4	-
- Certif. Copies of Death Certificates No.....			
(State Physician's or Coroner's)			
Pall Bearer Service, \$.....	Use of Chapel, \$.....		
Gross Total for Sales Tax.....	\$.....		
Outlay for Lot.....			
Cremation.....			
Flowers, \$.....	Palms, \$.....		
Rental of Tent, \$.....	of Temporary Vault, \$.....		
Opening of Grave or Tomb.....		50	-
Lining Grave, \$.....	Lowering Device, \$.....		
Outlay for Shipping Charges.....			
Clergyman, \$.....	Singers, \$.....		
Organist, \$.....			
Railroad or Motor } Tickets, \$.....	Aero-plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges.....			
Cash Advanced.....			
Out of town Undertaker's Charges.....			
Personal Service.....		10	-
.....		1	50
.....		4	00
.....		2	58
Sales Tax.....		6	19
Total Footing of Bill.....	\$.....	485	88
Less.....	\$.....	1990	- 30 days
Balance.....	\$.....	465	98
Entered into Ledger, page..... or below.			

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry May 4 1950
Name of Deceased Clement Santa
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
Residence Elverano ☐ Husband ☐ Wife ☐ Widow none
Charge to Vernon Silvershield, Coroner or of Age of Husband or Wife (if living) Years
Address Olinda Santa Jones
Order given by Elverano, Caly (or informant)
How Secured :
If Veteran, State War No
Occupation Retired Teacher (Social Security Number) no
Employer and Address
Date of Death May 4, 1950 10:25 9
(Date) (Hour)
Date of Birth Unknown
Age About 59 yrs (Years) (Months) (Days)
Date of Funeral May 6 Sat 9:30 A
(Date) (Day of Week) (Hour)
Services at St. Francis Church
Clergyman (Address)
Religion of the Deceased
Birthplace Switzerland
Resided in the State 27 years (or U. S. or City or County) (Years) (Months)
Place of Death Elverano, Sonora
Cause of Death :
Contributory Causes :
Certifying Physician Wm J. Newman M.D. (or Coroner)
His Address Sonora
Name of Father Giuseppe Santa
His Birthplace Switzerland
Maiden Name of Mother Philomena Starni
Her Birthplace Switzerland
Motor } Remains to
Ship }
Size of Casket (State Color and Number)
Manufactured by :
Cemetery } Catholic Cemetery Sonora
Crematory }

Lot No.
Grave No.
Section No.
Block No.

Complete Funeral (except outlays) \$ 308
Casket
Burial Vault or Box (State Kind) 15
Embalming Body (Name of Embalmer)
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress (State Kind and Color) 2.50
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit
Certif. Copies of Death Certificate (State Num)
Pall Bearer Service, \$ Use of
Gross Total for Sales Tax
Outlay for Lot
Cremation
Flowers, \$ Palms, \$
Rental of Tent, \$ of Tempor
Opening of Grave or Tomb...
Lining Grave, \$ Lowering
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service flowers 15.00
mass 15.00
...line Death Notices in Papers
Democrat 4.00
Post 2.58
Examiner 2.29
Sales Tax 5.07
Total Footing of Bill \$ 420.94
Less 16.15 Bodays \$
Balance \$
Entered into Ledger, page or below.

Balance	Date	Amount Paid	Balance
		To Balance Forward	
		By Payment	
		<u>Aug 17, 50</u>	<u>420.94</u>
		" "	
		" "	
		" "	
		" "	
		" "	
		" "	
		" "	

Insurance Companies
I certify that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)
and agree to pay the same within days from date. Interest to accrue from
Signed
Address
Compiled by F. J. FEINEMAN, St. Louis, Mo.

nephew
may 29, 1950
Sisters
6/9/50 Filed with
San Francisco Casket Co.
321-335 Valencia Street
San Francisco, 3
Telephone Market 1-1146-4

217

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....

..... Address.....

RECORD OF FUNERAL

219

Total No. Yearly No. Date of Entry May 17 1950

Name of Deceased Frederick Pohn
☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race) W.

Residence Orange, Sonoma Ave. El Verano
☐ Husband ☐ Wife ☒ Widow unk.
 or of } Age of Husband or Wife (if living) Years

Charge to: William Pohn

Address Rt. 1, Box 438 Sonoma

Order given by " (or informant)

How Secured:

If Veteran, State War no

Occupation Farmer (Social Security Number)

Employer and Address

Date of Death May 14, 50 9:30 P.M. (Date) (Hour)

Date of Birth unk.

Age About 72 yrs (Years) (Months) (Days)

Date of Funeral 5/15/50 (Date) (Day of Week) (Hour) M.

Services at: no services whatever

Clergyman: put in casket & cremated (Address)

Religion of the Deceased none

Birthplace Germany

Resided in the State 30 yrs (or U. S. or City or County) (Years) (Months)

Place of Death at home

Cause of Death Rupture of Rt. Aortic Arch

Contributory Causes

Certifying Physician V. Silvershield (or Coroner)

His Address: S. Road

Name of Father Albert Pohn

His Birthplace Germany

Maiden Name of Mother Theodora Siemer

Her Birthplace Germany

Motor } Remains to
 Ship }

Size of Casket 63 China (State Color and Number)

Manufactured by ourselves

Cemetery } Chapel of China
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 100

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 50

Folding Chairs, \$ Tarpaulin, \$ 1.00

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation 45

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax 1.50

Total Footing of Bill \$ 146.50

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
5/19/50	mailed statement	\$	May 19, 51	In full	\$146.50
6/9/50	Filed Q.R.M.	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry May 18 1950

Name of Deceased John Cogo
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) M.

Residence Sonoma Ave. El Verano ☒ Husband ☐ Wife ☐ Widow Giovanna
 or of Age of Husband or Wife (if living) Years

Charge to: Giovanna Cogo

Address P.O. Box 1250 Sonoma

Order given by Herself & family
 (or informant)

How Secured:

If Veteran, State War

Occupation Retired cement contractor
 (Social Security Number) 567-12-0493

Employer and Address

Pallbearers for COGO
August Pineilli
J. Pozzi
A. Domenichelli
Angelo Mazzucchi
E. Mazzucchi
F. Biscioni

Place of Death At home, Sonoma Ave. El Verano
 (or U. S. Army or County) (Years) (Months)

Cause of Death

Contributory Causes

Certifying Physician Wm. Newman
 (or Coroner)

His Address Sonoma

Name of Father Giobatta Cogo

His Birthplace Italy

Maiden Name of Mother Angela Casazza

Her Birthplace Italy

Motor Ship } Remains to

Size of Casket 6'5" #50-1674-Queen H.
Dicelintus (State Color and Number)

Manufactured by Allywood Casket Co.

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 637

Casket 15

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress Shirt (State Kind and Color) Blue 2.50

Slippers, \$ Hose, \$ 1.03

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$ 3.18

Extra Limousines @ \$ 15

Autos to R. R. Station @ \$ 33.50

Getting Remains from: 3

Taking Remains to 10.00

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit *

Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 6.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges one c/c 1.00

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mass 15

..... line Death Notices in Dem. Papers 4

..... Examiner 2 times 7.15

..... L. Italia 3.50

..... posted 2.58

..... 10.01

Sales Tax 755 62

Total Footing of Bill 11 84

Less 32.60 - 30 days 167 46

Balance \$

Entered into Ledger, page or below.



Diagram of Lot or Vault

COGO—In El Verano, May 18, 1950. John, dearly beloved husband of Giovanna Cogo of El Verano, loving father of Hugo Cogo of El Verano, Charles Cogo of San Rafael and Mrs. Glenn Sigler of Auburn, brother of Julio Cogo of Sutter Creek, Calif.; a native of Italy.

Friends are invited to attend the funeral services Monday, May 22, at 9:15 a. m., at the chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 p. m.

CONKLIN—In this city May 18, 1950

Il giorno 18 del mese di Maggio 1950 moriva in El Verano, California

JOHN COGO

nato in Italia.

Lascia a rimpiangere la sua perdita la desolata moglie Giovanna Cogo, a El Verano, Calif., i figli Hugo Cogo a El Verano, Calif., Charles Cogo, a San Rafael, Calif. e Mrs. Glenn Sigler, a Auburn, Calif., il fratello Giulio Cogo, a Sutter Creek, Calif., oltre a parenti in California ed in Italia.

Parenti, amici e conoscenti sono avvisati che i funerali avranno luogo Lunedì, 22 Maggio 1950, alle ore 9.15 a.m. partendo dalla cappella della casa di pompe funebri Bates & Evans, Sonoma, Calif., per recarsi alla chiesa cattolica di St. Francis dove alle ore 9.30 a. m. sarà celebrata una messa da requiem per il riposo dell'anima sua, indi al Mount Cemetery dove avrà luogo il seppellimento.

L'Affittà Famiglia

Domani, alle 8 p. m. Recita del Santo Rosario.

20-5

Amount Paid	Balance	Date	Amount Paid	Balance
To Balance Forward				
By Payment				
<u>In full</u>				
" <u>06-21-50</u>	<u>734.86</u>			
"				
"				
"				
"				
"				
Insurance Companies				
Resources Legally available to				
(Firm Name of Funeral Directors.)				
within days from date. Interest to accrue from				
Signed				
Address				

RECORD OF FUNERAL

221

Total No. Yearly No. Date of Entry May 23 1950

Name of Deceased John William Merian W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Boyes Ave Boyes Springs ☐ Husband ☐ Wife ☐ Widow Juane
 or of Age of Husband or Wife (if living) Years

Charge to: William F. Merian

Address: 330 Fairview Drive Napa

Order given by (or informant)

How Secured:

If Veteran, State War World War I

Occupation Carpenter +546-14-6526
 (Social Security Number)

Employer and Address

Date of Death May 23, 1950 (Date) (Hour)

Date of Birth April 7, 1911 (Date) (Hour)

Age 39 1 16
 (Years) (Months) (Days)

Date of Funeral May (Date) (Day of Week) (Hour) M.

Services at: Cuff & Pierce - Napa

Clergyman: (Address)

Religion of the Deceased:

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death en route to Community Hospital (State Number and District)

Cause of Death:

Contributory Causes:

Certifying Physician Vernon Silverfield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father: William F. Merian

His Birthplace: Calif.

Maiden Name of Mother: Estelle McKenzie

Her Birthplace: Calif.

Motor } Remains to Napa
 Ship }

Size of Casket Large (State Color and Number)

Manufactured by Inter Casket Co.

Cemetery } Cuff & Pierce Napa
 Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) Funeral 398 - deduction 75 323
have

Casket (State Kind)

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax \$ 4 85
 Total Footing of Bill \$ 327.85
 Less \$ 16.15
 Balance \$ 311.70

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry May 18 1950

Name of Deceased John Cogo
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Sonoma Ave. El Verano ☒ Husband ☐ Wife ☐ Widow Giovanna
 or of Age of Husband or Wife (if living) Years

Charge to: Giovanna Cogo

Address: El Verano

Order given by: Herself & family
 (or informant)

How Secured:

If Veteran, State War

Occupation Retired cement contractor
 (Social Security Number) 567-12-0293

Employer and Address

Date of Death May 18, 1950 10:20 P.M.
 (Date) (Hour)

Date of Birth May 25, 1875
 (Date) (Day of Week) (Hour)

Age (Years) (Months) (Days)

Time of Funeral 5/22/50 Mon 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis Church
 (Address)

Clergyman: (Address)

Place of the Deceased: Italy
 (or U. S. or City or County) (Years) (Months)

Place of Death: At home, Sonoma Ave. El Verano

Cause of Death:

Contributory Causes:

Certifying Physician: Mr. Newman
 (or Coroner)

His Address: Sonoma

Name of Father: Giobatta Cogo

His Birthplace: Italy

Maiden Name of Mother: Angela Casazza

Her Birthplace: Italy

Motor } Remains to
 Ship }

Size of Casket 6'5" #50-1674-Queen A.
 (State Color and Number)

Manufactured by: Calypso Casket Co.

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner:

Complete Funeral (except outlays) \$ 637

Casket 15

Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress Shirt (State Kind and Color) 250

Slippers, \$ Hose, \$ 103

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$ 318.50

Extra Limousines @ \$ 15

Autos to R. R. Station @ \$ 333.50

Getting Remains from: 100.00

Taking Remains to:

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit 4

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 60

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced one c/c 1.00

Out of town Undertaker's Charges

Personal Service Mass 15

..... line Death Notices in Dem. Papers 4

..... Examiner 2 times 715.84

..... L. Italia 350

..... posted 258

Sales Tax 10.01

Total Footing of Bill \$ 755.62

Less 32.60 - 30 days \$ 11.84

Balance \$ 767.46

Entered into Ledger, page or below.

COGO—In El Verano, May 18, 1950. John, dearly beloved husband of Giovanna Cogo of El Verano, loving father of Hugo Cogo of El Verano, Charles Cogo of San Rafael and Mrs. Glenn Sigler of Auburn, brother of Julio Cogo of Sutter Creek, Calif.; a native of Italy.

Friends are invited to attend the funeral services Monday, May 22, at 9:15 a. m., at the chapel of Bates & Evans, Sonoma, Calif.; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Mt. Cemetery, Sonoma. Rosary will be recited Sunday evening at 8 p. m.

CONKLIN—In this city May 18, 1950.

Il giorno 18 del mese di Maggio 1950 moriva in El Verano, California

JOHN COGO

nato in Italia.

Lascia a rimpiangere la sua perdita la desolata moglie Giovanna Cogo, a El Verano, Calif., i figli Hugo Cogo a El Verano, Calif., Charles Cogo, a San Rafael, Calif., e Mrs. Glenn Sigler, a Auburn, Calif., il fratello Giulio Cogo, a Sutter Creek, Calif., oltre a parenti in California ed in Italia.

Parenti, amici e conoscenti sono avvisati che i funerali avranno luogo Lunedì, 22 Maggio 1950, alle ore 9.15 a.m. partendo dalla cappella della casa di pompe funebri Bates & Evans, Sonoma, Calif., per recarsi alla chiesa cattolica di St. Francis dove alle ore 9.30 a. m. sarà celebrata una messa da requiem per il riposo dell'anima sua, indi al Mount Cemetery dove avrà luogo il seppellimento.

L'Afflitta Famiglia

Domani, alle 8 p. m. Recita del Santo Rosario.

20-5

Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward	\$
			By Payment	\$
			<u>In full</u>	\$
			<u>06-21-50</u>	<u>734.86</u>
			"	\$
			"	\$
			"	\$
			"	\$
			"	\$
			"	\$

Insurance \$.....

I hereby authorize the above Funeral, and

for the payment of aforesaid sum, and I hereby

maturity at the rate of % per

Witness.....

Insurance Companies.....

Arms Legally available to.....

(Firm Name of Funeral Directors.)

Within..... days from date. Interest to accrue from

Signed.....

Address.....

RECORD OF FUNERAL

221

Total No. Yearly No. Date of Entry May 23 1950

Name of Deceased John William Merian (What Race) W.

☐ Married ☐ Single ☐ Widowed ☒ Divorced

Residence: Boyes Ave Boyes Springs or Boyes Springs of Boyes Springs Age of Husband or Wife (if living) 39 Years

Charge to: William J. Merian

Address: 330 Fairview Drive Napa

Order given by: (or informant)

How Secured:

If Veteran, State War World War I

Occupation Carpenter (Social Security Number) 546-14-6526

Employer and Address

Date of Death May 23, 1950 (Date) (Hour)

Date of Birth April 7, 1911 (Date) (Hour)

Age 39 (Years) 1 (Months) 16 (Days)

Date of Funeral May (Date) (Day of Week) (Hour) M.

Services at: Buff Pierce - Napa

Clergyman:

Religion of the Deceased:

Birthplace California

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death en route to Community Hospital

Cause of Death:

Contributory Causes:

Certifying Physician Vernon Silverfield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father: William J. Merian

His Birthplace: Calif.

Maiden Name of Mother: Estelle McKenzie

Her Birthplace: Calif.

Motor } Remains to Napa

Size of Casket Large (State Color and Number)

Manufactured by Gutter Casket Co.

Cemetery } Calvary Tulocay Napa

Diagram of Lot or Vault

Lot No. Grave No. Section No. Block No. Owner

Complete Funeral (except outlays) Funeral 398 - deduction 75 323

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax \$.....

Outlay for Lot:

Cremation

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero- plane Service, \$.....

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in Papers

(Names of Newspapers)

Sales Tax \$.....

Total Footing of Bill \$.....

Less \$.....

Balance \$.....

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$.....	To Balance Forward		\$.....
By Payment	\$.....	\$.....	By Payment	\$.....	\$.....
" "	\$.....	\$.....	" "	\$.....	\$.....
" "	\$.....	\$.....	" "	\$.....	\$.....
" "	\$.....	\$.....	" "	\$.....	\$.....
" "	\$.....	\$.....	" "	\$.....	\$.....
" "	\$.....	\$.....	" "	\$.....	\$.....
" "	\$.....	\$.....	" "	\$.....	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry May 24 1950

Name of Deceased Edward Ferrando

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Post O. Box 111, El Verano, Calif. ☐ Husband ☐ Wife ☐ Widow Rose

Charge to Rose Ferrando, Calif. or of Age of Husband or Wife (if living) Years

Address above

Order given by (or informant)

How Secured:

If Veteran, State War World War I

Occupation Resort Owner (Social Security Number)

Employer and Address

Date of Death May 24, 1950 - 8:30 P.M. (Date) (Hour)

Date of Birth July 10, 1888 (Date) (Month) (Day)

Age 61 (Years) (Months) (Days)

Date of Funeral May 29, Mon 9 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis Church

Clergyman: (Address)

Religion of the Deceased

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death U. S. Hospital, Oakland (State Number and District)

Cause of Death

Contributory Causes Recurrent Carcinoma of esophagus with local extension

V. Smith, M.D. (or Coroner)

Complete Funeral (except outlays)	\$ 473 -
Casket	15 -
Burial Vault or Box	(State Kind)
Embalming Body	(Name of Embalmer)
Barber, \$	Hair Dressing, \$
Dressing Body, \$	Underwear, \$
Suit or Dress	2 58
	(State Kind and Color)
Slippers, \$	Hose, \$
Folding Chairs, \$	Tarpaulin, \$
Candelabrum, \$	Candles, \$
Door Spray, \$	Gloves, \$
Funeral Car, \$	Ambulance, \$
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	<u>St. Nat. Cem</u>
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	(State Number and District)
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)
Pall Bearer Service, \$	Use of Chapel, \$
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	Palms, \$
Rental of Tent, \$	of Temporary Vault, \$
Opening of Grave or Tomb	
Lining Grave, \$	Lowering Device, \$
Outlay for Shipping Charges	
Clergyman, \$	Singers, \$
Organist, \$	
Railroad or Motor	Aero-plane Service, \$
Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	15 00
Out of town Undertaker's Charges	
Personal Service	4 00
	3 50
	4
line Death Notices in Newspapers	
	1 50
	18 07
	7 82
	7 53
Sales Tax	
Total Footing of Bill	\$ 548 82
Less <u>124 40</u>	\$ 552 82
Balance	\$
Entered into Ledger, page	or below.

23650
25150
75450

BALLBEARERS FOR Ferrando

Joe Udvic
C.E. Palmer
Ralph Cotton
Raymond Roy
Vernon Campbell
Frank Smith

July 14, 1950
ck # 1552
Refund on "Door Spray"

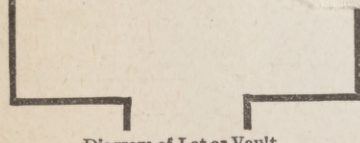


Diagram of Lot or Vault

Section No.

Block No.

Owner

SIZE 6/6 No. 1909 H.P. 87 Cov.

DESCRIPTION: Sabina Panel & Pillow

Full lined Bianca Cr. Velvet

Eggshell Sr B & Bp

HANDLES: July 3, 1950 Statement

7300-6x2-Spt & NT.Hals & Corners

FERRANDO—In Oakland, Calif., May 24, 1950, Edward Ferrando, dearly beloved husband of Mrs. Rose Ferrando of El Verano, beloved stepfather of Stephen J. Brosnan and Mrs. Rose Cassin, loving brother of Peter Ferrando, loving uncle of Edward, Larry and Tommy Ferrando, adored grandfather of Suzanne, Danny and Robert Brosnan, Jimmy, Joannie and Patricia Cassin, a native of Italy, aged 61 years.

Friends are invited to attend the funeral services Monday, May 29, at 8:45 a. m., from the chapel of Bates & Evans, Sonoma; thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul, commencing at 9 a. m. Rosary will be recited Sunday evening at 8 o'clock, also services under the auspices of Jack London Post, American Legion, Sunday evening at 8:15 o'clock. Interment, Golden Gate National Cemetery, San Mateo County.

I, the undersigned, Clerk of the Board of Funeral Directors, and I hereby represent that I have sufficient funds on hand to pay the balance of the bill, and I hereby covenant and agree to pay the same at the rate of _____ % per annum.

Date	Amount Paid	Balance
To Balance Forward		\$
By Payment	\$ 317 62	
July 13, 1950 on acct		
Il giorno 24 del mese di Maggio morì riva in Oakland, California		
EDWARD FERRANDO		
all'età di anni 61, nato in Italia.		
Lascia a rimpiangere la sua perdita la desolata moglie Rose Ferrando a El Verano, Calif., i figliastri Stephen J. Brosnan e Mrs. Rosie Cassin, il fratello Peter Ferrando, i nipoti Edward Larry e Tommy Ferrando, i nipotini Suzanne, Danny e Robert Brosnan e Jimmy, Joannie e Patricia Cassin, oltre a parenti in California ed in Italia.		
Parenti, amici e conoscenti sono avvisati che i funerali avranno luogo Lunedì, 29 Maggio 1950, alle ore 8.45 a.m. partendo dalla cappella ardente Bates & Evans Funeral Home, Sonoma, Calif., dirigendosi alla Chiesa di San Francisco, dove alle 9 a. m. sarà celebrata una Messa per il riposo dell'anima sua, indi al Cimitero Nazionale del Golden Gate dove avrà luogo il seppellimento.		
L'Afflitta Famiglia		
Domani sera, ore 8, Recitazione del Rosario, seguita dalla Cerimonia del Jack London Post, American Legion.		
27-5		

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 6 1950

Name of Deceased Ann Theresa Hartung
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt 2 Box 247 Sonoma ☐ Husband ☐ Wife ☐ Widow William
 or of Age of Husband or Wife (if living) Years

Charge to: William Hartung

Address: above

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation: Housewife 563-34-7980
 (Social Security Number)

Employer and Address

Date of Death: June 6 1950 7:15 a.m.
 (Date) (Hour)

Date of Birth: July 28 1888
 (Date) (Month) (Day)

Age: 61
 (Years) (Months) (Days)

Date of Funeral: June 9 7 a.m. 109 M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace: California

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death: Myocardial failure

Contributory Causes: Metastatic Carcinoma
liver - Sarcoma of liver

Certifying Physician: A. K. McBrath M.D.
 (or Coroner)

His Address: Sonoma, Calif.

Name of Father: John Quinn

His Birthplace: Ireland

Maiden Name of Mother: Ellen Quinn

Her Birthplace: Ireland

Motor Ship } Remains to

Size of Casket: 9389- Cox 378-
 (State Color and Number)

Manufactured by: S. F.

Cemetery } Catholic Cem. Sonoma
 Crematory }

Lot No.

Grave No.

Section No.

Block No.

Complete Funeral (except outlays) \$ 308 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ \$

Dressing Body, \$ Underwear, \$ \$

Suit or Dress 16.48 Lat 48
 (State Kind and Color)

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Door Spray, \$ Gloves, \$ \$

Funeral Car, \$ Ambulance, \$ \$

Limousines to Cemetery @ \$ \$

Extra Limousines @ \$ \$

Autos to R. R. Station @ \$ \$

Getting Remains from \$

Taking Remains to \$

Trip to Coroner's Inquest \$

Delivering Box to \$

Deliver Flowers to \$

Removal Charges \$

Procuring Burial Permit (State Number and District) \$

— Certif. Copies of Death Certificate No. (State Physician's or Coroner's) \$

Pall Bearer Service, \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot: 2 Graves @ 25 \$ 50.00

Cremation \$

Flowers, \$ Palms, \$ Matting, \$ \$

Rental of Tent, \$ of Temporary Vault, \$ \$

Opening of Grave or Tomb \$ 25.00

Lining Grave, \$ Lowering Device, \$ \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$ \$

Railroad } Tickets, \$ Aero- plane Service, \$ \$

or Motor }

Telegr., Phone, Cable or Radio Charges \$

Cash Advanced \$

Out of town Undertaker's Charges \$

Personal Service: Mass \$ 15.00

..... line Death Notices in Papers \$ 5.92

..... (Names of Newspapers) \$ 2.58

Sales Tax \$ 5.07

Total Footing of Bill \$ 443.05

Less: 16.15 - 30 days \$ 16.15

Balance \$ 426.90

Entered into Ledger, page or below.

SIZE 6/3 No. 9389- Cov. 378

DESCRIPTION: Stephen of Sunray
M B & Bp

HANDLES: 362-3x0-

HARTUNG—In Sonoma, June 6, 1950, Ann Theresa Hartung, dearly beloved wife of William Hartung of Sonoma, beloved sister of Mrs. Fred Cook of Sonoma, Mrs. J. E. Cunningham of San Francisco and Mrs. Robert E. Peters of Petaluma; a native of California; aged 61 years. Friends are respectfully invited to attend the funeral Friday from the Chapel of Bates & Evans in Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Thursday evening at 8 o'clock.

Names of
Lodges

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness

Signed Address

RECORD OF FUNERAL

223

Total No. Yearly No. Date of Entry June 6 1950

Name of Deceased Ann Theresa Hartung (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt 2 Box 247 Sonoma ☐ Husband ☐ Wife ☐ Widow William

Charge to: Williams Hartung or of Age of Husband or Wife (if living) Years

Address: above

Order given by (or informant)

How Secured:

If Veteran, State War

Occupation: Housewife 563-34-7780 (Social Security Number)

Employer and Address

Date of Death: June 6 1950 7:15 a.m. (Date) (Hour)

Date of Birth: July 28 1888 (Date) (Month) (Day)

Age: 61 (Years) (Months) (Days)

Date of Funeral: June 9 7 a.m. 1950 (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased: Catholic

Birthplace: California

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death: Myocardial failure

Contributory Causes: Metastatic Carcinoma

Certifying Physician: A. K. McBrath M.D. (or Coroner)

His Address: Sonoma, Calif.

Name of Father: John Quinn

His Birthplace: Ireland

Maiden Name of Mother: Ellen Quinn

Her Birthplace: Ireland

Motor } Remains to
Ship }

Size of Casket: 9389-Cox 378- (State Color and Number)

Manufactured by: S. J.

Cemetery } Catholic Cem. Sonoma
Crematory }

Lot No.
Grave No.
Section No.
Block No.

Complete Funeral (except outlays) \$ 348 -

Casket
Burial Vault or Box (State Kind) 15 -
Embalming Body (Name of Embalmer)
Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
Suit or Dress (State Kind and Color) 16.48
Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax
Outlay for Lot: 2 Graves @ 25 50.00
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb 25.00
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service: Mass 15.00
..... line Death Notices in Papers
..... (Names of Newspapers)
.....
Sales Tax 5.07
Total Footing of Bill \$ 443.05
Less: 16.15 - 30 days \$ 16.15
Balance \$ 426.90
Entered into Ledger, page or below.

SIZE 6/3 No. 9389- Cov. 378

DESCRIPTION: Stephen of Sunray
M B & Bp
HANDLES: 362-3x0-

HARTUNG—In Sonoma, June 6, 1950, Ann Theresa Hartung, dearly beloved wife of William Hartung of Sonoma, beloved sister of Mrs. Fred Cook of Sonoma, Mrs. J. E. Cunningham of San Francisco and Mrs. Robert E. Peters of Petaluma; a native of California; aged 61 years. Friends are respectfully invited to attend the funeral Friday from the Chapel of Bates & Evans in Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Thursday evening at 8 o'clock.

Names of
Lodges

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 12 1950

Name of Deceased Frank Joseph Madden white
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: New York, N.Y. ☐ Husband ☐ Wife ☐ Widow
 Charge to William J. Madden or of Age of Husband or Wife (if living) Years

Address: Box 105, Tel. Vemas

Order given by above (or informant)

How Secured:

If Veteran, State War

Occupation Seaman (Social Security Number)

Employer and Address

Date of Death June 12, 1950 (Date) Unknown (Hour)

Date of Birth March 2, 1909 (Date) (Hour)

Age 41 (Years) (Months) (Days)

Date of Funeral June 17, 50 - Sat. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State (or U.S. or City or County) (Years) (Months)

Place of Death New York, N.Y.

Cause of Death Filed in New York

Contributory Causes

Certifying Physician Unknown (or Coroner)

His Address

Name of Father William J. Madden

His Birthplace San Francisco, Cal.

Maiden Name of Mother Mary Ellen Harris

Her Birthplace San Francisco, Cal.

Motor } Remains to
 Ship }

Size of Casket 6-3 (State Color and Number)

Manufactured by N.Y. Casket Co.

Cemetery } Catholic Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 75.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color) 10 82

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from: from plane 20 00

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 1 Grave 25 00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 25 00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges 105 93

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges 18 00

Cash Advanced

Out of town Undertaker's Charges 136 93

Personal Service Mass 15 00
Marker 3 75

Line Death Notices in Papers 2 58
Index 3 33
Examiner

Sales Tax

Total Footing of Bill \$ 441 34

Less Paid on account \$ 255 -

Balance \$ 186 34

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "		6-14-50	on acc.	255.00
	" "			acc'd full	186.34
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry June 26 1950

Name of Deceased Marie - Katzer (What Race) White

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt. 1 - Box 492, Sonoma ☐ Husband ☒ Wife ☐ Widow } Alois Katzer or of } Age of Husband or Wife (if living) Years

Charge to A. C. Katzer

Address Rt. 1 - Box 492

Order given by above (or informant)

How Secured:

If Veteran, State War

Occupation at home (Social Security Number)

Employer and Address

Date of Death June 26-50 - about 10.30 (Date) (Hour)

Date of Birth Nov. 6 - 1888

Age 61 (Years) (Months) (Days)

Date of Funeral June 28-50 Wed 9:30 (Date) (Day of Week) (Hour)

Services at Saint Francis Church

Clergyman Rev. Raymond Hoare (Address)

Religion of the Deceased Catholic

Birthplace Austria

Resided in the State 28 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma

Cause of Death Myocardial Failure

Contributory Causes Arteriosclerosis

Certifying Physician A. K. McGuth (or Coroner)

His Address Sonoma Calif

Name of Father Unknown

His Birthplace Austria

Maiden Name of Mother Unknown

Her Birthplace Austria

Motor } Remains to 63 Cedar Rose (State Color and Number)

Ship } Golden State Undertaking Co

Manufactured by Catholic Cemetery

Cemetery } Catholic Cemetery

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 350 00

Casket 15 -

Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ Underwear, \$

Dressing Body, \$ Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ Tarpaulin, \$

Folding Chairs, \$ Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$ Ambulance, \$

Funeral Car, \$ Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from Taking Remains to

Trip to Coroner's Inquest Delivering Box to

Deliver Flowers to Removal Charges Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb Open 25 stone \$ 30 00

Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$ or Motor }

Telegr., Phone, Cable or Radio Charges Cash Advanced

Out of town Undertaker's Charges Personal Service 15 00

line Death Notices in Papers 2 58

Card of Thanks 1 00

Sales Tax 5 70

Total Footing of Bill \$ 419 28

Less 18.25 - 30 days \$ 419 28

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
July 19, 1950	To Above Balance	\$	To Balance Forward	\$	
	By Payment	\$	By Payment	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	
	" "	\$	" "	\$	

Insurance \$ Names of Insurance Companies Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

229

Total No. Yearly No. Date of Entry July 8 1950

Name of Deceased Paulyn Marlyne Marcucci
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Ch. Verano ☐ Husband ☐ Wife ☐ Widow } Paul Marcucci Jr.
 Charge to Paul Marcucci Jr. or Daughter of } Age of Husband or Wife (if living) Years

Address Ch. Verano Cal.

Order given by (or informant)

How Secured

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death July 8, 1950 3:10 P.M.
 (Date) (Hour)

Date of Birth Sept 23, 1946
 (Date) (Month) (Day)

Age 3 (Years) (Months) (Days)

Date of Funeral 7-11-50 9:00 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev John Roberts (Address)

Religion of the Deceased Catholic

Birthplace Solomons Calif

Resided in the State Calif (U.S. or City or County) (Years) (Months)

Place of Death The Cedars Development School (State Number and District)

Cause of Death Road Calif (State Physician's or Coroner's)

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Paul Marcucci Jr.

His Birthplace Calif

Maiden Name of Mother Evelyn Kompres

Her Birthplace Calif

Motor } Remains to
 Ship }

Size of Casket 4/8 (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery } Calvary Cem. & Rose
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 123. -
Casket	
Burial Vault or Box (State Kind)	10 -
Embalming Body (Name of Embalmer)	
Barber, \$	61.50
Hair Dressing, \$	1.00
Dressing Body, \$	71.50
Underwear, \$	3
Suit or Dress (State Kind and Color)	214.50
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery @ \$	
Extra Limousines @ \$	
Autos to R. R. Station @ \$	
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No. (State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of State or Tomb	25 -
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced <u>Pauline</u>	5 -
Out of town Undertaker's Charges	10.00
Personal Service	
line Death Notices <u>Printed</u> Papers	2.58
<u>Democrat</u>	4 -
<u>Rev John Roberts</u>	15 -
Sales Tax	2.15
Total Footing of Bill	\$ 186.73
Less <u>6.15 - 30 days</u>	6.15
Balance	\$ 180.58
Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>July 17</u>	" " <u>full</u>	\$ 180.58
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

229

Total No. Yearly No. Date of Entry July 8 1950

Name of Deceased Paulyn Marlyne Marcucci
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race) W.

Residence Cal. Verano ☐ Husband ☐ Wife ☐ Widow Paul Marcucci Jr.
 or Daughter of Paul Marcucci Jr. Age of Husband or Wife (if living) Years

Charge to Paul Marcucci Jr.

Address Cal. Verano Cal.

Order given by (or informant)

How Secured

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death July 8, 1950 3:10 P.M.
 (Date) (Hour)

Date of Birth Sept 23, 1946
 (Date) (Hour)

Age 3 (Years) (Months) (Days)

Date of Funeral 7-11-50 9:15 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. John Roberts (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State Calif. (U.S. or City or County) (Years) (Months)

Place of Death The Cedars Development, Redwood (State Number and District)

Cause of Death Heart (State Physician's or Coroner's)

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Paul Marcucci Jr.

His Birthplace Calif.

Maiden Name of Mother Evelyn Kompres

Her Birthplace Calif.

Motor } Remains to
 Ship }

Size of Casket 4/8 (State Casket Number)

Manufactured by Golden State Casket Co.

Cemetery } Calvary Cem. & Rose (Names of Newspapers)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 123 -

Casket \$ 10 -

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer) \$ 61.50

Barber, \$ Hair Dressing, \$ \$ 10

Dressing Body, \$ Underwear, \$ \$ 71.50

Suit or Dress (State Kind and Color) \$ 3

Slippers, \$ Hose, \$ \$ 21.50

Folding Chairs, \$ Tarpaulin, \$ \$ 3

Candelabrum, \$ Candles, \$ \$ 21.50

Door Spray, \$ Gloves, \$ \$ 3

Funeral Car, \$ Ambulance, \$ \$ 3

Limousines to Cemetery @ \$ \$ 3

Extra Limousines @ \$ \$ 3

Autos to R. R. Station @ \$ \$ 3

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$ \$ 25 -

Gross Total for Sales Tax \$ 25 -

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$ \$ 25 -

Rental of Tent, \$ of Temporary Vault, \$ \$ 25 -

Opening of Grave or Vault

Lining Grave, \$ Lowering Device, \$ \$ 25 -

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$ \$ 25 -

Railroad } Tickets, \$ Aero- plane Service, \$ \$ 25 -

Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced Grave Diggers \$ 10.00

Out of town Undertaker's Charges

Personal Service

line Death Notices 10 Papers \$ 2.58

Sales Tax \$ 15 -

Total Footing of Bill \$ 186.73

Less 6.15 - 30 days \$ 6.15 -

Balance \$ 180.58

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....	\$		To Balance Forward.....	\$	
By Payment.....	\$		By Payment.....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	
" ".....	\$		" ".....	\$	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry July 11 1950

Name of Deceased Christina J. Smith W.
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
Residence Denmark St. Lanoma ☐ Husband ☐ Wife ☐ Widow Christina J.
Charge to Carl J. Dewey, Jr. or of Age of Husband or Wife (if living) Years
Address Christine Smith -
Order given by Arbore (or informant)
How Secured :
If Veteran, State War No.
Occupation at home no (Social Security Number)
Employer and Address
Date of Death July 11, 1950 6:30 P. (Date) (Hour)
Date of Birth Sept 8, 1868
Age 81 10 3 (Years) (Months) (Days)
Date of Funeral July 14, Fri 2 P. (Date) (Day of Week) (Hour) M.
Services at Arbore

Complete Funeral (except outlays) <u>\$464 Less Box 15.00</u>	\$ <u>449</u> -
Casket	
Burial Vault or Box <u>Steel</u> (State Kind)	<u>1.50</u>
Embalming Body (Name of Embalmer)	
Barber, \$..... Hair Dressing, \$.....	
Dressing Body, \$..... Underwear, \$.....	
Suit or Dress (State Kind and Color)	
Slippers, \$..... Hose, \$.....	
Folding Chairs, \$..... Tarpaulin, \$.....	
Candelabrum, \$..... Candles, \$.....	
Door Spray, \$..... Gloves, \$.....	
Funeral Car, \$..... Ambulance, \$.....	
Limousines to Cemetery @ \$.....	
Extra Limousines @ \$.....	
Autos to R. R. Station @ \$.....	

22.40
1.50
37.4
11.23

Pallbearers for Christina Smith

Louis Picetti
O.E. Thompson
Oscar Lund
Arthur Coops
Frank Knolle
Leonard Rich

Name of Father *J. S. Lee*
His Birthplace... *Denmark*
Maiden Name of Mother *Louisa Thompson*
Her Birthplace... *Denmark*

Motor } Remains to
Ship }

Size of Casket..... (State Color and Number)

Manufactured by: *S. F. ...*
Cemetery } *Smt Cem. Sonoma*
Crematory }

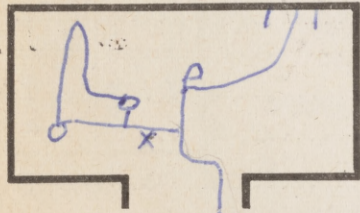


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Complete Funeral (except outlays)	\$	449	-
Casket			
Burial Vault or Box	(State Kind)	1.50	
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress	(State Kind and Color)		
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit	(State Number and District)	1.00	
Certif. Copies of Death Certificates No.	(State Physician's or Coroner's)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation			
Flowers, \$	Palms, \$		
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Organist, \$			
Railroad or Motor	Tickets, \$		
Aero-plane	Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service			
line Death Notices in	Papers		
(Names of Newspapers)			
Sales Tax			
Total Footing of Bill	\$	701	17
Less	\$	29	95
Balance	\$	671	22
Entered into Ledger, page	or below		

[illegible]

SMITH—In Sonoma, Calif., July 11, 1950.
Christina J. Smith, wife of the late
Christian Smith, dearly beloved mother
of Mrs. Minnie Smith, of Eureka, Mrs.
Anna Anderson Carl J. Deery, J. Chris-
tine and Fred C. Smith, all of Sonoma;
a native of Denmark, aged 81 years.
Friends are respectfully invited to at-
tend the funeral services, Friday, July 14,
at 2 p. m., from the Chapel of Bates
and Evans, Sonoma, Calif., under the
auspices of Vesper Rebekah Lodge No.
99 of Sonoma, assisted by Rev. C. C.
Champlin, Interment, Mt. Cemetery,
Sonoma.

Names of Lodges..... Insurance Companies.....

meral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

n, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of% per annum.

Signed.....

Witness:

Address.....

RECORD OF FUNERAL

231

Total No. Yearly No. Date of Entry August 1 1950

Name of Deceased William James Kearney
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Arnold Drive Elverano ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to Alice Kearney

Address Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Farmer (Social Security Number) no

Employer and Address

Date of Death Aug 1, 1950 12:45 P.M.
 (Date) (Hour)

Date of Birth April 25, 1871

Age 79
 (Years) (Months) (Days)

Date of Funeral August 4, Fri 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Berkeley, Cal.

Resided in the State Calif.
 (or U. S. or City or County) (Years) (Months)

Place of Death So. Co. Hospital

Cause of Death Myocardial failure

Contributory Causes Coronary
Occlusion

Certifying Physician Edward B. Mason, M.D.
 (or Coroner)

His Address Sonoma Co. Hospital

Name of Father John Kearney

His Birthplace Ireland

Maiden Name of Mother Elizabeth Donegan

Her Birthplace Ireland

Motor } Remains to
 Ship }

Size of Casket Large
 (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery } Catholic Cem. Sonoma
 Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 38.3

Casket 1.5

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color) 19.50

Slippers, \$ Hose, \$ 1.50

Folding Chairs, \$ Tarpaulin, \$ 2.50

Candelabrum, \$ Candles, \$ 3.00

Door Spray, \$ Gloves, \$ 1.50

Funeral Car, \$ Ambulance, \$ 6.95

Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 2.5
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced Singers from R.R. 20.00
 Out of town Undertaker's Charges
 Personal Service Real Mass 15.00
 line Death Notices in Papers
 (Names of Newspapers) 6.66
Democrat 4.00
Index Tribune 2.58
 Sales Tax 6.20
 Total Footing of Bill \$ 477.44
 Less 19.90 30 days \$ 19.90
 Balance \$ 457.54
 Entered into Ledger, page or below.

KEARNEY—In Sonoma, Calif., August 1, 1950, William James Kearney, dearly beloved brother of Mrs. Clara Dowdall, Miss Susie Kearney and Miss Alice Kearney, all of El Verano, California. A native of California; aged 79 years. A member of Sonoma Valley Council No. 45, Y. M. I. Friends are respectfully invited to attend the funeral services Friday, August 4 at 9:15 a. m. from the Chapel of Bates and Evans in Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Rosary will be recited Thursday evening at 8 o'clock, Interment, Catholic Cemetery, Sonoma.

	Amount Paid	Balance	Date		Amount Paid	Balance
Balance		\$		To Balance Forward		\$
	\$	\$		By Payment	\$	\$
	\$	\$		"	\$	\$
	\$	\$	<u>Sept 15 50</u>	<u>In full</u>	<u>457.54</u>	\$
	\$	\$		"	\$	\$
	\$	\$		"	\$	\$
	\$	\$		"	\$	\$
	\$	\$		"	\$	\$
	\$	\$		"	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry 1950
 Name of Deceased Christina J. Smith
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Denmark St. Sonoma ☐ Husband ☐ Wife ☐ Widow Christina J.
 Charge to Carl J. Dewey, Jr. or Christie Smith Age of Husband or Wife (if living) 34 Years
 Address Christie Smith
 Order given by Above (or informant)
 How Secured: As above
 If Veteran, State War No
 Occupation At home (Social Security Number) no
 Employer and Address
 Date of Death July 11, 1950 6:30 P. (Date) (Hour)
 Date of Birth Sept 8, 1868
 Age 81 10 3 (Years) (Months) (Days)
 Date of Funeral July 14 2 P. (Date) (Day of Week) (Hour) M.
 Place at Chapel
 Undertaker Rebekah Lodge & Co. Champion (Address)
 Relation of the Deceased
 Place Denmark
 Died in the State Home (or U. S. or City or County) (Years) (Months)
 Cause of Death
 Contributory Causes
 Certifying Physician Robert S. Mollenhauer (or Coroner)
 Address Sonoma, Calif.
 Name of Father Mathias Jensen
 His Birthplace Denmark
 Maiden Name of Mother Louisa Thompson
 Her Birthplace Denmark
 Motor } Remains to
 Ship }
 Size of Casket 7 (State Color and Number)
 Manufactured by 7
 Cemetery } Mt. Cem. Sonoma
 Crematory }
 Diagram of Lot or Vault
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays)	\$ 449 -
Casket	
Burial Vault or <u>None</u>	150
(State Kind)	
Embalming Body	
(Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress	
(State Kind and Color)	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	1 00
(State Number and District)	
Certif. Copies of Death Certificates No.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	60 -
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor }	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	10 -
Music	7 50
line Death Notices in	
Papers	
(Names of Newspapers)	
Sales Tax	11 24
Total Footing of Bill	\$ 701 17
Less <u>29.95</u> <u>30 days</u>	\$ 29 15
Balance	\$ 671 22
Entered into Ledger, page	or below

SMITH—In Sonoma, Calif., July 11, 1950.
Christina J. Smith, wife of the late
Christian Smith, dearly beloved mother
of Mrs. Minnie Studley of Eureka, Mrs.
Maud Anderson, Carl J., Dewey J., Christ-
ina and Fred C. Smith, of Sonoma;
a native of Denmark, aged 81 years.
Friends are respectfully invited to at-
tend the funeral services, Friday, July 14
at 2 p. m., in the Chapel of Bates
and Evans, Sonoma. Casket under
auspices of Verdant Rebekah Lodge No.
99 of Sonoma, assisted by Rev. C. C.
Carrington, Interment, Mt. Cemetery,
Sonoma.

Names of Lodges..... Insurance Companies.....

.....meral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

.....m, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

maturity at the rate of% per annum.

Signed.....

Address.....

RECORD OF FUNERAL

231

Total No. Yearly No. Date of Entry August 1 1950

Name of Deceased William James Kearney (What Race)

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Arnold Drive El Verano ☐ Husband ☐ Wife ☐ Widow or of } Age of Husband or Wife (if living) Years

Charge to Alice Kearney

Address Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Farmer (Social Security Number) no

Employer and Address

Date of Death Aug 1, 1950 12:45 P.M. (Date) (Hour)

Date of Birth April 25, 1871 (Date) (Month) (Day)

Age 79 (Years) (Months) (Days)

Date of Funeral August 4, Fri 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman

Religion of the Deceased Catholic (Address)

Birthplace Berkeley, Cal.

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death Sanoma Co. Hospital

Cause of Death Myocardial failure

Contributory Causes Coronary Occlusion

Certifying Physician Edward B. Lyon, M.D. (or Coroner)

His Address Sanoma Co. Hospital

Name of Father John Kearney

His Birthplace Ireland

Maiden Name of Mother Elizabeth Donegan

Her Birthplace Ireland

Motor } Remains to
Ship }

Size of Casket Large (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery } Catholic Cem. Sonoma
Crematory }

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 38.3

Casket

Burial Vault or Box (State Kind) 13

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 25

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced Singers from S.R. 20 00

Out of town Undertaker's Charges

Personal Service Real Mass 15 00

line Death Notices in Papers 6 66

(Names of Newspapers) Sanoma Democrat 4 00

Index Tribune 2 58

Sales Tax 6 20

Total Footing of Bill \$ 477 44

Less 19 90 30 days \$ 19 90

Balance \$ 457 54

Entered into Ledger, page or below.

KEARNEY-In Sonoma, Calif., August 1, 1950, William James Kearney, dearly beloved brother of Mrs. Clara Dowdall, Miss Susie Kearney and Miss Alice Kearney, all of El Verano, California. A native of California; aged 79 years. A member of Sonoma Valley Council No. 45, V. M. I. Friends are respectfully invited to attend the funeral services Friday, August 4 at 9:15 a. m., from the Chapel of Bates and Evans in Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Rosary will be recited Thursday evening at 8 o'clock. Interment, Catholic Cemetery, Sonoma.

Amount Paid	Balance	Date	Amount Paid	Balance
			To Balance Forward	\$
			By Payment	\$
		<u>Sept 15 50</u>	<u>In full</u>	<u>457 54</u>
			" "	\$
			" "	\$
			" "	\$
			" "	\$
			" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No.....

Yearly No.....

Date of Entry.....August 3 1950

Name of Deceased.....William Martin Nicholson

☐ Married
☒ Single
☐ Widowed
☐ Divorced

(What Race)

Residence.....

☐ Husband
☐ Wife
☐ Widow

or..... of } Age of Husband or Wife (if living)..... Years

Charge to.....Jay Nicholson

Address.....P.O. Box 362 Boyes Springs

Order given by.....

(or informant)

How Secured.....

If Veteran, State War.....

Occupation.....none

(Social Security Number)

Employer and Address.....

Date of Death.....August 3, 1950

(Date) (Hour)

Date of Birth.....Jan. 17, 195

Age.....6 1/2 mos.

Complete Funeral (except outlays).....\$ 135 -

Casket.....

Burial Vault or Box.....

(State Kind)

Embalming Body.....

(Name of Embalmer)

Barber, \$.....Hair Dressing, \$.....67.50

Dressing Body, \$.....Underwear, \$.....

Suit or Dress.....

(State Kind and Color)

Slippers, \$.....Hose, \$.....

Folding Chairs, \$.....Tarpaulin, \$.....

Candelabrum, \$.....Candles, \$.....

Door Spray, \$.....Gloves, \$.....

Funeral Car, \$.....Ambulance, \$.....

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 9101

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M

Batis & Evans

Santa Rosa, California.....Aug 5 1950

Crematorium Services For

Memorial Section

--including endowment fund deposit--

Urn

Chest

Flower Service

Twice

Once

Each Week, from

to

Rental

Care

from

to

Engraving

Permit

Total

Credits

Received

Check No.

Record No.

Present Balance

CALIFORNIA CREMATORIUM

Per

William Martin Nicholson

Garden Maus.

Tier

Babyland

37

32 87

32 87

32 87

Size of Casket.....2 1/6 - White Hard.

(State Color and Number)

Manufactured by.....Golden State L.A.

Gemetry

Crematory

Chapel of the Chimes S.R.



Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

line Death Notices in.....Papers

Index Tribune Paper

(Names of Newspapers)

Sales Tax.....2.03

Total Footing of Bill.....\$ 182.40

Less.....30 days \$ 6.75

Balance.....\$ 175.65

Entered into Ledger, page.....or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Aug. 7, 1950	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$.....

Names of

Lodges.....

Insurance

Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from

maturity at the rate of.....% per annum.

Signed.....

Address.....

Witness.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Aug 11, 1950 19

Name of Deceased Jessie Lee Harrah W.
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 5489, Sanoma ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Robert J. E. Harrah

Address: Above
 In case not paid in due time call
 Order given by: Mrs. Yarozeski phone 2955 (or informant)
 How Secured: no
 If Veteran, State War: no
 Occupation: none (Social Security Number) no
 Employer and Address:
 Date of Death: Aug. 11, 1950 1:50 P.
 (Date) (Hour)
 Date of Birth: Sept. 12, 1948
 Age: 1 (Years) 10 (Months) 29 (Days)
 Date of Funeral: Aug. 14 Mon. 2 P. M.
 (Date) (Day of Week) (Hour)
 Services at: Chapel
 Clergyman: J. A. De Jong, Sanoma (Address)
 Religion of the Deceased:
 Birthplace: Calif.
 Resided in the State: Life -
 (or U. S. or City or County) (Years) (Months)
 Place of Death: Home
 Cause of Death: Asphyxia
 Contributory Causes: Pud. in upper trachea
Lobar pneumonia
 Certifying Physician: Vernon Silvershield
 (or Coroner)
 His Address: Santa Rosa, Calif.
 Name of Father: Robert J. E. Harrah
 His Birthplace: Iowa
 Maiden Name of Mother: Elouise Hauge
 Her Birthplace: Ohio
 Motor } Remains to
 Ship }
 Size of Casket: 3/0 - white Lamb.
 (State Color and Number)
 Manufactured by: Golden State C Co.
 Cemetery } Mt. Cemetery, Sanoma
 Crematory }

Complete Funeral (except outlays) \$
 Casket 84 -
 Burial Vault or Box 10 -
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 42 -
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 6 -
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 35 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. De Jong 10.00
Mrs. Dan Ruggles 7.50
 line Death Notices in Papers
Index Tribune 2.58
 (Name of Newspapers) 2 -
 Sales Tax 1.56
 Total Footing of Bill \$ 158.64
 Less
 Balance \$
 Entered into Ledger, page or below.

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry August 3 19 50

Name of Deceased William Martin Nicholson W
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence:
 Charge to Fay Nicholson
 Address P.O. Box 362 Boyes Springs
 Order given by
 How Secured:
 If Veteran, State War
 Occupation none none
 Employer and Address
 Date of Death August 3, 1950 -
 Date of Birth Jan. 17, 195 -
 (Years) (Months) (Days) (Hour)
 Funeral Aug. 5, Sat 1:30 P.M.
 (Date) (Day of Week) (Hour)
 Place Chapel
 Address We Jang, Sanoma
 of the Deceased (Address)
 in the State Calif
 (or U. S. City or County) (Years) (Months)
 Death Letterman Army Hospital, D.F.
 Cause of Death Infection
 Outcry Causes Diarrhea, inability to
consume food, cause undetermined
 Attending Physician Quell A. Stallones Capt.
 (or Coroner)
 Address Letterman Hospital
 of Father Fay Martin Nicholson
 Birthplace New York
 Full Name of Mother Fran Maria Schenker
 Birthplace Germany
 Remains to
 Size of Casket 2 1/2 - white hard
 (State Color and Number)
 Manufactured by Golden State L.G.
 Cemetery } Chapel of the Cross S.R.
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 135
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 2.4 1.00
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot Niche at S.R. 12.44
 Cremation 20.00
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. We Jang 10.00
 Line Death Notices in Papers
 Index Tribune Paper 1.50
 (Names of Newspapers)
 Sales Tax 2.03
 Total Footing of Bill 182.40
 Less 30 days 6.15
 Balance 175.65
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Aug. 7, 1950	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$
	"	\$		"	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

233

Total No. Yearly No. Date of Entry Aug 11, 1950 19

Name of Deceased Jessie Lee Harrah
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1, Box 5489, Sanoma ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Robert J. E. Harrah

Address: Above
 Order given by: In case not paid in due time call
 How Secured: Miss Yarozelski Phone 2955 (or informant)
 If Veteran, State War No

Occupation None (Social Security Number) No

Employer and Address

Date of Death Aug 11, 1950 1:50 P. (Date) (Hour)
 Date of Birth: Sept. 12, 1948 (Date) (Month) (Day) (Year) (Month) (Day) (Year)

Age: 10 (Years) 29 (Months) 29 (Days)

Date of Funeral Aug 14 Mon. 2 P.M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: J. A. De Jong, Sanoma (Address)

Religion of the Deceased

Birthplace Calif.

Resided in the State Life (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death Asphyxia

Contributory Causes Pud. in upper trachea
Lobar pneumonia

Certifying Physician Vernon Silvershield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father Robert J. E. Harrah

His Birthplace Iowa

Maiden Name of Mother Elouise Hauge

Her Birthplace Ohio

Motor Ship } Remains to

Size of Casket 3/0 - White Lamb (State Color and Number)

Manufactured by Soldier State Co.

Cemetery } Mt. Cemetery, Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$
 Casket \$
 Burial Vault or Box \$
 Embalming Body \$
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress \$
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificates No.
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. De Jong
Musicians: Dan Ruggles
 Line Death Notices in Index Tribune
2 (Name of Newspapers)
 Sales Tax
 Total Footing of Bill
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

[illegible]

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

235

Total No. Yearly No. Date of Entry Aug 24 1950

Name of Deceased Maril Bettencourt
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Elverano, Calif
☐ Husband ☐ Wife ☐ Widow Tom
 or of Age of Husband or Wife (if living) Years

Charge to: County of Sonoma

Address

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation Chambermaid 547-09-7469 (Social Security Number)

Employer and Address

Date of Death Aug 24, 1950 1:03 P.M. (Date) (Hour)

Date of Birth Jan 21, 1885
 Age 65 7 3 (Years) (Months) (Days)

Date of Funeral Aug 28, Mon 9:30 A.M. (Date) (Day of Week) (Hour)

Services at: St. Francis

Clergyman: (Address)

Religion of the Deceased

Birthplace Oakland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Encephalitis

Contributory Causes Cerebral Vascular Accident
Probable Thrombosis or Post-operative embolus

Certifying Physician Vernon Silverhead (or Coroner)

His Address Santa Rosa

Name of Father

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor Ship } Remains to

Size of Casket China (State Color and Number)

Manufactured by Golden State L. G.

Cemetery } Catholic Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 52.50

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot 1.00 5.00

Cremation

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 12.50

Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mass 5.00

..... line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 7.99

Total Footing of Bill \$ 75.79

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Sept 18, 1950</u>	<u>Filed with Verne for claim</u>				
To Above Balance			To Balance Forward		
By Payment			By Payment		
" "			" "		
" "			" "		
" "			" "		
" "			" "		
" "			" "		
" "			" "		
" "			" "		
" "			" "		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

	Amount Paid	Balance	Date	Amount Paid	Balance
SVINDING—In Sonoma, Aug. 27, 1950. Capt. Knud L. Svinding, dearly beloved husband of Lena Theresa Svinding (nee Roest) of Sonoma, beloved brother of Ellen Maria and Kristine of Denmark, and the late Peter Svinding. A member of Port Angelus Lodge No. 69 F. & A. M.	\$	\$		To Balance Forward.....	\$
Friends are invited to attend the fun- eral services Tuesday, Aug. 29, at 11 a. m. from the Chapel of Bates & Evans, in Sonoma, Calif. Inurnment services at the Noble Chapel, Cypress Lawn, Colma, Calif., Tuesday at 1:30 p. m.	\$	\$		By Payment.....	\$
Sept. 18, 1950 statement	\$	\$	Oct 16 50	" " full	\$ 477 20
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$
" "	\$	\$		" "	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within (Firm Name of Funeral Directors.)
maturity at the rate of % per annum. Signed.....
Witness..... Address.....

RECORD OF FUNERAL

237

Total No. Yearly No. Date of Entry Sept 4 1950

Name of Deceased George Daven
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Orena

Residence: 2228 Roanoke Ave. Sacramento ☐ Husband ☐ Wife ☐ Widow Orena
 Charge to: Mrs. Geo. Daven of 3725 Chestnut St. Age of Husband or Wife (if living) Years

Address: Above Complete Funeral (except outlays) \$ 160

Order given by: (or informant) Casket \$ 12.50
 How Secured: Burial Vault or Box \$ 92.50
 If Veteran, State War World War 2 Embalming Body underwear & box \$ 2.10
 Occupation Appliance Salesman 298-01-6763 (Social Security Number) Barber, \$ Hair Dressing, \$
 Employer and Address Sears Roebuck Co. Dressing Body, \$ Underwear, \$
 Date of Death Sept 4, 1950 (Date) (Hour) 5:35 P. Suit or Dress 1.00 2.04 3.22 \$ 10.82
 Date of Birth Dec 26, 1913 (Date) (Hour) Slippers, \$ Hose, \$
 Age 36 (Years) (Months) (Days) Folding Chairs, \$ Tarpaulin, \$
 Date of Funeral Sept 9, Sat (Date) (Day of Week) (Hour) 2 P. M. Candelabrum, \$ Candles, \$
 Services at: no services Door Spray, \$ Gloves, \$
 Clergyman: (Address) Funeral Car, \$ Ambulance, \$
 Religion of the Deceased Limousines to Cemetery @ \$
 Birthplace France Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 9195

No. September 10, 1950 19

Received of Bates & Evans Funeral Directors

one wedding ring inscribed (Love forever Yours Renie) 100 Dollars

taken from, George Daven, deceased

\$ Please sign + return Signed Orena Daven

Diagram of Lot or Vault Section No. Less 8.00 20 days \$ 8
 Block No. Balance \$ 212.25
 Owner. Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Sept 10, 1950</u>	<u>Statement mailed</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Oct 7, 1950</u>		
	" "	\$	<u>full</u>	<u>222.25</u>	
	" "	\$			
	" "	\$			
	" "	\$			
	" "	\$			
	" "	\$			

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... August 27 1950

Name of Deceased... Knud L. Svinding

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ (What Race)

Residence... Box 195, Grana Vista Rd. Sonoma ☐ Husband ☐ Wife ☐ Widow Lena Theresa

Charge to... Lena Theresa or ... of ... Age of Husband or Wife (if living) ... Years

Address... Above

Order given by ... (or informant)

How Secured:

If Veteran, State War No

Occupation... Sea Capt. (Social Security Number)

Employer and Address

Date of Death... August 27, 1950 12:05 P. (Date) (Hour)

Date of Birth... Nov. 23, 1880 (Date) (Month) (Day)

Age... 69 9 4 (Years) (Months) (Days)

Date of Funeral... August 29 - Tue 11 A. M. (Date) (Day of Week) (Hour)

Services at... Chapel

Clergyman... 29 A. M. - Sonoma (Address)

Religion of the Deceased

Birthplace... Denmark

Resided in the State... (or U. S. or City or County) (Years) (Months)

Place of Death... Home

Cause of Death

Contributory Causes

Complete Funeral (except outlays) ... \$ 398 -

Casket

Burial Vault or Box ... (State Kind)

Embalming Body ... (Name of Embalmer)

Barber, \$... Hair Dressing, \$...

Dressing Body, \$... Underwear, \$ 2.50

Suit or Dress ... (State Kind and Color) Shirt 2.50 87/10

Slippers, \$... Hose, \$ 2 4.7

Folding Chairs, \$... Tarpaulin, \$...

Candelabrum, \$... Candles, \$...

Door Spray, \$... Gloves, \$...

Funeral Car, \$... Ambulance, \$...

Limousines to Cemetery ... @ \$...

Extra Limousines ... @ \$...

Autos to R. R. Station ... @ \$...

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit... 2 00 (State Number and District)

— Certif. Copies of Death Certificates No. ... (State Physician's or Coroner's)

Pall Bearer Service, \$... Use of Chapel, \$...

Gross Total for Sales Tax ... \$

Outlay for Lot:

Cremation ... 60.00

Certifying Physician Wm J. Newman M.D. (for Coroner)

His Address... Sonoma, California

Name of Father... Peter Svinding

His Birthplace... Denmark

Maiden Name of Mother

Her Birthplace... Denmark

Motor } Remains to ...

Ship }

Size of Casket... Single (State Color and Number)

Manufactured by... Luther Casket Co.

Cemetery } Cypress Lawn Colma

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Total Footing of Bill ... \$ 471 10

Less... 19.90 - 30 days \$ 19 40

Balance ... \$ 479 20

Entered into Ledger, page ... or below.

SVINDING—In Sonoma, Aug. 27, 1950, Capt. Knud L. Svinding, dearly beloved husband of Lena Theresa Svinding (nee Ross) of Sonoma, beloved brother of Ellen Maria and Kristine of Denmark and the late Peter Svinding, a member of Port Angelus Lodge No. 89 F. & A. M.

Friends are invited to attend the funeral services Tuesday, Aug. 29, at 11 A. M. from the Chapel of Bates & Evans in Sonoma, Calif. Inurnment services at the Noble Chapel, Cypress Lawn, Colma, Calif., Tuesday at 1:30 P. M.

Sept. 18, 1950 statement

Insurance \$... Names of Lodges ... Insurance Companies ...

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to ... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within ... days from date. Interest to accrue from maturity at the rate of ... % per annum.

Signed ...

Witness ... Address ...

RECORD OF FUNERAL

237

Total No. Yearly No. Date of Entry Sept 4 1950

Name of Deceased George Daven
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Orena

Residence: 2228 Roanoke Ave. Sacramento ☐ Husband ☐ Wife ☐ Widow of Mr. Geo. Daven Age of Husband or Wife (if living) Years

Charge to: Mrs. Geo. Daven 3725 Chestnut St.

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War World War 2

Occupation Appliance Salesman 298-01-6763
 (Social Security Number)

Employer and Address Sears Roebuck Co.
Mr. Olsen - (Tel. Ni-2-0461) Day

Date of Death Sept 4, 1950 5:35 P.
 (Date) (Hour)

Date of Birth Dec 26, 1913

Age 36 (Years) (Months) (Days)

Date of Funeral Sept 9 - Sat 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: no services

Clergyman: (Address)

Religion of the Deceased

Birthplace France

Complete Funeral (except outlays) \$ 160 - 80.50
12.50
92.50
277.50

Casket

Burial Vault or Box

Embalming Body underwear 2.25 2.00
 (State Kind) (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress 1.00 Lat. 3.2 10 8.2
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 9195

FROM M Bates & Evans Santa Rosa, California Sept 9, 1950

Funeral Services For George Daven

Section 4500

Endowment fund deposit-.....

Tier No.

Chest Sales Tax

Ice { Twice } Each Week, from to
 { Once }

from to Engraving Permit

Total 45.00

Forty five and no/100

90-754

Record No. 4079

CALIFORNIA CREMATORIUM

Present Balance 45.00

Per AK Brothers

Section No. Less 8.00 20 days \$ 8

Block No. Balance \$ 212.25

Owner Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Sept 10, 1950</u>	<u>Statement mailed</u>				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Oct 7, 1950</u>		
	" "	\$	<u>Int full</u>	<u>212.25</u>	
	" "	\$	" "		\$
	" "	\$	" "		\$
	" "	\$	" "		\$
	" "	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Total No. Yearly No. Date of Entry... August 27 1950

Name of Deceased... Knud L. Svinding

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ (What Race)

Residence... Box 195, Grana Vista Rd. Sonoma ☐ Husband ☐ Wife ☐ Widow Lena Theresa

Charge to... Lena Theresa or of Age of Husband or Wife (if living) Years

Address... Above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Sea Capt. (Social Security Number)

Employer and Address

Date of Death... August 27, 1950 12:05 P. (Date) (Hour)

Date of Birth... Nov. 23, 1880 (Date) (Month) (Day)

Age... 69 9 4 (Years) (Months) (Days)

Date of Funeral... August 29 - Tue 11 A. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: 29 A. M. - Sonoma (Address)

Religion of the Deceased

Birthplace Denmark

Resided in the State (or U. S. or City or County)

Place of Death... Home

Cause of Death:

Contributory Causes:

Certifying Physician Wm J. Newman (for Coroner)

His Address... Sonoma, Calif.

Name of Father... Peter Svinding

His Birthplace... Denmark

Maiden Name of Mother

Her Birthplace... Denmark

Motor } Remains to
Ship }

Size of Casket Large (State Color and Number)

Manufactured by: Luther Casket

Cemetery } Cypress Lawn Co.
Crematory }

Complete Funeral (except outlays) \$ 328 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$ 2.50

Suit or Dress (State Kind and Color) Shirt 2.50

Slippers, \$ Hose, \$ 1.00

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Resided in the State (or U. S. or City or County)

Place of Death... Home

Cause of Death:

Contributory Causes:

Certifying Physician Wm J. Newman (for Coroner)

His Address... Sonoma, Calif.

Name of Father... Peter Svinding

His Birthplace... Denmark

Maiden Name of Mother

Her Birthplace... Denmark

Motor } Remains to
Ship }

Size of Casket Large (State Color and Number)

Manufactured by: Luther Casket

Cemetery } Cypress Lawn Co.
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Less 19.90 - 30 days \$ 19.90

Balance \$ 477.20

Entered into Ledger, page or below.

SVINDING—In Sonoma, Aug. 27, 1950, Capt. Knud L. Svinding, dearly beloved husband of Lena Theresa Svinding (nee Ross) of Sonoma, beloved brother of Ellen Maria and Kristine of Denmark and the late Peter Svinding, A member of Port Angelus Lodge No. 69 F. & A. M.

Friends are invited to attend the funeral services Tuesday, Aug. 29, at 11 a. m. from the Chapel of Bates & Evans, in Sonoma, Calif. Inurnment services at the Noble Chapel, Cypress Lawn, Colma, Calif., Tuesday at 1:30 p. m.

Sept. 18, 1950 statement

..... " "

..... " "

..... " "

..... " "

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

[illegible]

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

239

Total No. Yearly No. Date of Entry Sept 11 1950

Name of Deceased Addie Charles Van Houten
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 123-J. W. Benecia Caly
☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to Bessie M. Van Houten

Address Above

Order given by (Boyd Miller)
 (or informant)

How Secured:

If Veteran, State War. No.

Occupation Carpenter 541-18-1017
 (Social Security Number)

Employer and Address

Date of Death Sept 11, 1950 8:15 a.m.
 (Date) (Hour)

Date of Birth Oct. 20, 1881
 (Date)

Age 68
 (Years) (Months) (Days)

Date of Funeral Sept 13 - Wed 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Rev. Savage Benecia
 (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State
 (or U. S. or City or County) (Years) (Months)

Place of Death Solano Co. Hospital Fairfield
 (State Number and District)

Cause of Death Cerebral Vascular Accident
 (State Physician's or Coroner's)

Contributory Causes Arteriosclerosis Generalized

Certifying Physician Richard E. Zimmerman M.D.
 (or Coroner)

His Address Solano Co. Hospital Fairfield

Name of Father Peter Van Houten

His Birthplace New York

Maiden Name of Mother Bessie Jenks

Her Birthplace Pennsylvania

Motor } Remains to
 Ship }

Size of Casket Large
 (State Color and Number)

Manufactured by Sutter Casket Co.

Cemetery } mt Cem. Sonoma, Calif.
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.

Complete Funeral (except outlays) \$ 383 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ 19.50

Dressing Body, \$ Underwear, \$ 1.50

Suit or Dress (State Kind and Color) \$ 206.50

Slippers, \$ Hose, \$ 3

Folding Chairs, \$ Tarpaulin, \$ 61.95

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to Solano Co. permit \$ 2.50

Removal Charges \$ 4 -

Procuring Burial Permit (State Number and District) \$

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 5.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges \$

Cash Advanced \$

Out of town Undertaker's Charges \$

Personal Service \$

..... line Death Notices in Papers
 music By themselves

Sales Tax \$ 6.20

Total Footing of Bill \$ 465.70

Less 19.90 - 30 days \$

Balance \$

RECEIPT

Date 9/11 1950

09115

Received From Bates & Evans

Address Sonoma

Two hundred and fifty Dollars (\$ 250)

For Permit

ACCOUNT		HOW PAID	
AMT. OF ACCOUNT		CASH	
AMT. PAID	<u>250</u>	CHECK	
BALANCE DUE		MONEY ORDER	

By m L m

or below.

	Amount Paid	Balance
d.		\$
\$		\$
\$	<u>100</u>	\$
\$	<u>115.00</u>	\$
\$		\$
\$	<u>250.70</u>	\$
\$		\$
\$		\$

NO. 156

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Sept 9 19 50

Name of Deceased Susan J. Kearney
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence Brookside Drive El Versano Calif ☐ Husband ☐ Wife ☐ Widow none
 or of Age of Husband or Wife (if living) Years

Charge to Alice Kearney

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home none
 (Social Security Number)

Employer and Address

Date of Death Sept 9, 1950 8:15 P.
 (Date) (Hour)

Date of Birth July 26, 1866
 (Date)

Age 84
 (Years) (Months) (Days)

Date of Funeral Sept 12 Tue 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Calif

Resided in the State life
 (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Valley Rest Home

Cause of Death

Contributory Causes

Certifying Physician A. K. McGrath M.D.
 (or Coroner)

His Address Sonoma, Calif

Name of Father John E. Kearney

His Birthplace Ireland

Maiden Name of Mother Elizabeth G. Grogan

Her Birthplace Ireland

Motor } Remains to
 Ship }

Size of Casket 9389- Con 378- Grey & Ct
 (State Color and Number)

Manufactured by S. F.

Cemetery Catholic Cemetery Sonoma
 Crematory

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 208 -

Casket

Burial Vault or Box 15
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
154
15
169
3
172

Dressing Body, \$ Underwear, \$

Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 25 -

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mass - High 35 00
see Bill Kearney record

line Death Notices in Papers
Examiner
 (Names of Newspapers)

Sales Tax 6 66
4 00
2 58
5 07

Total Footing of Bill \$ 401 31

Less 16 15 \$ 385 16

Balance \$

Entered into Ledger. name on behalf of

Date	Amount Paid
SIZE <u>6/3</u> No. <u>9389-</u>	
DESCRIPTION: <u>Stephen of Sunray</u>	
<u>M B & Bp</u>	
HANDLES: <u>362-3x0-</u>	
" "	
" "	
" "	

Insurance \$ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I for the payment of aforesaid sum, and I hereby covenant and agree maturity at the rate of % per annum.

Witness

Signed

Address

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry Sept 17 1950
Name of Deceased Claude J. Kirkman
☐ Married ☐ Single ☐ Widowed ☐ Divorced
Residence P.O. Box 125 El Verano Cal. ☐ Husband ☐ Wife ☐ Widow Elizabeth (What Race)
Charge to Mrs. Elizabeth Kirkman or..... of Elizabeth Age of Husband or Wife (if living)..... Years
Address Above
Order given by Call Hernandez - 3860 (or informant) Regards
How Secured.....
If Veteran, State War Served 1906-1909
Occupation Retired Carpenter 561-01-6735 (Social Security Number)
Employer and Address.....
Date of Death Sept 17, 1950 8:40 (Date) (Hour)
Date of Birth June 19, 1885
Age 65 (Years) (Months) (Days)

Complete Funeral (except outlays)..... \$ 235
Casket.....
Burial Vault or Box..... (State Kind)
Embalming Body..... (Name of Embalmer)
Barber, \$..... Hair Dressing, \$.....
Dressing Body, \$..... Underwear, \$.....
Suit or Dress 10.50 32 underwear 2.00 socks .06 (State Kind and Color)
Slippers, \$..... Hose, \$.....
Folding Chairs, \$..... Tarpaulin, \$.....
Candelabrum, \$..... Candles, \$.....
Door Spray, \$..... Gloves, \$.....
Funeral Car, \$..... Ambulance, \$.....
Limousines to Cemetery..... @ \$.....

No. 19 September 18, 1950
Received of Bates & Evans, Funeral Directors

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1-1146-47

man(deceased) 100 **Dollars**

Emmett Daniels
J. Childs
Joe Laube
John Dardall
Emmett Mullen
J. Steckmeyer

Pall Bearers

Fernandez

Manufactured by.....
Cemetery } Golden Gate National Sanitation Co.
Crematory }

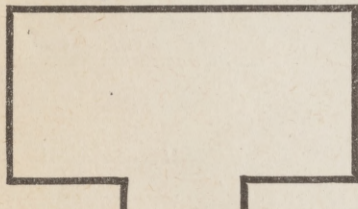


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

Lining Grave, \$..... Lowering Device, \$.....
Outlay for Shipping Charges.....
Clergyman, \$..... Singers, \$..... Organist, \$.....
Railroad } Tickets, \$..... Aero- plane Service, \$.....
or Motor }
Telegr., Phone, Cable or Radio Charges.....
Cash Advanced.....
Out of town Undertaker's Charges.....
Personal Service Rev. Christian..... 10. -
..... line Death Notices in..... Papers..... 2. 58
..... (Names of Newspapers)
Sales Tax..... 2. 53
Total Footing of Bill..... \$ 263. 9.9
Less 11.75..... \$ 252. 24
Balance..... \$ 252. 24
Entered into Ledger, page..... or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$.....		To Balance Forward.....	\$.....
<u>Sept 20</u>	By Payment.....	\$.....	<u>Oct 14</u>	By Payment.....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....
	" ".....	\$.....		" ".....	\$.....

Insurance \$..... Names of Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed..... Address.....

RECORD OF FUNERAL

241

Total No. Yearly No. Date of Entry Sept 19 19 50

Name of Deceased Penelope Larshbaugh
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 1374 Glen Ellen, Cal. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Maurice Larshbaugh

Address: above

Order given by (or informant)

How Secured

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death Sept 19, 1950 Stillborn
 (Date) (Hour)

Date of Birth Sept 19, 1950
 (Date) (Month) (Days)

Age (Years) (Months) (Days)

Date of Funeral Buried Sept 20, Wed M.
 (Date) (Day of Week) (Hour)

Services at no services

Clergyman (Address)

Religion of the Deceased

Birthplace Eldridge, Calif

Resided in the State 6 mo. Premature
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D.
 (or Coroner)

His Address Sanoma, Calif

Name of Father Maurice Larshbaugh

His Birthplace Bradford, Penn

Maiden Name of Mother Clairne West

Her Birthplace Kenwood, Calif

Motor } Remains to
 Ship }

Size of Casket Box - Hand made
 (State Color and Number)

Manufactured by Ourselves

Cemetery } Valley Cemetery, Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 5 00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 2.50

Dressing Body, \$ Underwear, \$ 0.50

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificate No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 5 00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers (Names of Newspapers)

Sales Tax 0.8

Total Footing of Bill \$ 10. 08

Less \$

Balance \$

Entered into Ledger, page or below.

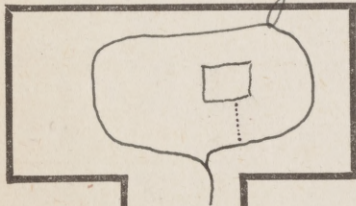


Diagram of Lot or Vault

8th grave in baby row north of Large Plot enclosed in Gal. Pipe

Date	Amount Paid	Balance
To Above Balance		
By Payment	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$

Date	Amount Paid	Balance
To Balance Forward		\$
By Payment	\$	\$
Sept 22, J. J. Full	\$ 10. 08	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$
" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

RECORD OF FUNERAL

241

Total No. Yearly No. Date of Entry Sept 19 1950

Name of Deceased Penelope Larshbaugh
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 1374 Glen Ellen, Cal. ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Maurice Larshbaugh

Address: above

Order given by (or informant)

How Secured

If Veteran, State War

Occupation (Social Security Number)

Employer and Address

Date of Death Sept 19, 1950 Stillborn
 (Date) (Hour)

Date of Birth Sept 19, 1950
 (Years) (Months) (Days)

Age Stillborn
 (Years) (Months) (Days)

Date of Funeral Buried Sept 20 - Wed M.
 (Date) (Day of Week) (Hour)

Services at no services

Clergyman (Address)

Religion of the Deceased

Birthplace Eldridge, Calif

Resided in the State 6 mo. Premature
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D.
 (or Coroner)

His Address Sanoma, Calif

Name of Father Maurice Larshbaugh

His Birthplace Bradford, Penn

Maiden Name of Mother Clairne West

Her Birthplace Kenwood, Calif

Motor } Remains to
 Ship }

Size of Casket Box - Hand made
 (State Color and Number)

Manufactured by Ourselves

Cemetery } Valley Cemetery, Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 5.00

Casket \$

Burial Vault or Box (State Kind) \$

Embalming Body (Name of Embalmer) \$

Barber, \$ Hair Dressing, \$ 2.50

Dressing Body, \$ Underwear, \$ 0.50

Suit or Dress (State Kind and Color) \$

Slippers, \$ Hose, \$ \$

Folding Chairs, \$ Tarpaulin, \$ \$

Candelabrum, \$ Candles, \$ \$

Door Spray, \$ Gloves, \$ \$

Funeral Car, \$ Ambulance, \$ \$

Limousines to Cemetery @ \$ \$

Extra Limousines @ \$ \$

Autos to R. R. Station @ \$ \$

Getting Remains from \$

Taking Remains to \$

Trip to Coroner's Inquest \$

Delivering Box to \$

Deliver Flowers to \$

Removal Charges \$

Procuring Burial Permit (State Number and District) \$

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation \$

Flowers, \$ Palms, \$ Matting, \$ \$

Rental of Tent, \$ of Temporary Vault, \$ \$

Opening of Grave or Tomb \$ 5.00

Lining Grave, \$ Lowering Device, \$ \$

Outlay for Shipping Charges \$

Clergyman, \$ Singers, \$ Organist, \$ \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$ \$

Telegr., Phone, Cable or Radio Charges \$

Cash Advanced \$

Out of town Undertaker's Charges \$

Personal Service \$

..... line Death Notices in Papers (Names of Newspapers) \$

Sales Tax \$ 0.08

Total Footing of Bill \$ 10.08

Less \$

Balance \$

Entered into Ledger, page or below.

To Above Balance				To Balance Forward			
Date	Amount Paid	Balance		Date	Amount Paid	Balance	
	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

241

Total No. Yearly No. Date of Entry Sept 19 1950

Name of Deceased Penelope Larshbaugh
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt. 1, Box 1374, Glen Ellen, Cal. ☐ Husband ☐ Wife ☐ Widow
 or of } Age of Husband or Wife (if living) Years

Charge to: Maurice Larshbaugh

Address: above

Order given by: (or informant)

How Secured:

If Veteran, State War:

Occupation: (Social Security Number)

Employer and Address:

Date of Death Sept 19, 1950 Stillborn
 (Date) (Hour)

Date of Birth: Sept 19, 1950

Age: Stillborn
 (Years) (Months) (Days)

Date of Funeral: Buried Sept 20, Wed M.
 (Date) (Day of Week) (Hour)

Services at: no services

Clergyman: (Address)

Religion of the Deceased:

Birthplace: Eldridge, Calif.

Resided in the State: 6 mo. (Temporary)
 (or U. S. or City or County) (Years) (Months)

Place of Death: Home

Cause of Death:

Contributory Causes:

Certifying Physician: Carroll B. Andrews, M.D.
 (or Coroner)

His Address: Sanoma, Calif.

Name of Father: Maurice Larshbaugh

His Birthplace: Bradford, Penn.

Maiden Name of Mother: Elaine West

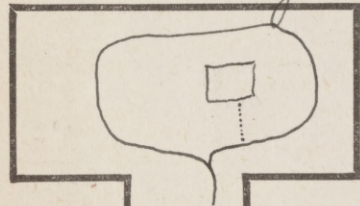
Her Birthplace: Kenwood, Calif.

Motor } Remains to
 Ship }

Size of Casket: Box - Hand made
 (State Color and Number)

Manufactured by: Ourself

Cemetery } Valley Cemetery, Sanoma
 Crematory }



Lot No.

Grave No.

Section No.

Block No.

Owner:

Complete Funeral (except outlays)	\$ 5.00
Casket	
Burial Vault or Box	
Embalming Body	
Barber, \$	
Hair Dressing, \$	2.50
Dressing Body, \$	
Underwear, \$	67.50
Suit or Dress	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	5.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad } Tickets, \$	
or Motor } Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
..... line Death Notices in	Papers
(Names of Newspapers)	
Sales Tax	08
Total Footing of Bill	\$ 10.08
Less	
Balance	\$
Entered into Ledger, page or below.	

8th Grave in baby Row north of
 Large Plot enclosed in Gal. pipe

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance			To Balance Forward		
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$ 10.08	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness: Signed:

Address:

RECORD OF FUNERAL

243

Total No. Yearly No. Date of Entry Sept 23 19 50

Name of Deceased Leo J. Vander Lans
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence: 152 Glendora Ave Long Beach ☐ Husband ☐ Wife ☐ Widow Alice
 or of Age of Husband or Wife (if living) Years

Charge to: Mrs. Alice Vander Lans

Address: 152 Glendora Ave Long Beach
Glendora

Order given by:

How Secured: To be paid within 30 days (or informant)

If Veteran, State War yes War I

Occupation Dept. of Labor Com.

Employer and Address State of Calif. (Social Security Number)

Date of Death Sept 23, 1950 - 11:45 P.
 (Date) (Hour)

Date of Birth: March 4, 1889

Age: 61 (Years) (Months) (Days) 17

Date of Funeral: Sept 25 Mon - 8:15 A. - M.
 (Date) (Day of Week) (Hour)

Services at Long Beach

Clergyman: (Address)

Religion of the Deceased:

Birthplace Holland

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Marys Cottages Bayes Springs

Cause of Death:

Contributory Causes:

Certifying Physician: Vernon Silversfield (or Coroner)

His Address: Santa Rosa, Calif.

Name of Father: Vander Lans

His Birthplace: Holland

Maiden Name of Mother:

Her Birthplace:

Ship } Remains to MITCHELL'S Mortuary
509 - E - 3 Rd. St. Long Beach

Size of Casket: 6 ft. 6 in. x 30 in. x 14 in. (State Color and Number) H. P.

Manufactured by: Golden State Casket Co. - 954

Cemetery } Long Beach
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$ 298 -

Casket
 Burial Vault or Box Shipping \$ 25 00
 (State Kind)

Embalming Body
 (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to:
 Deliver Flowers to:
 Removal Charges:
 Procuring Burial Permit:
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: Body & 2 escorts
 Cremation Farrs Co. Long Beach \$ 37 13
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor } Tickets, \$ Aero-
 plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
Examiner \$ 6 50
 (Names of Newspapers)

Sales Tax \$ 5 22
 Total Footing of Bill \$ 371 85
 Less 16.15 - 30 days - \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 24, 1950	statement				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	Sept 24, 50	By Payment <u>cash</u>	\$ 37 13
Oct 12, 1950	sent Papers to widow to sign	\$	Nov 12, 50	on acct	\$ 150 00
11/1/50	statement	\$	Jan 9, 1951	Government	\$ 150 -
Jan 2, 1951	letter	\$	Jan 2	In full	\$ 34 72
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed:
 Address:

Witness:
 Address:

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

243

Total No. Yearly No. Date of Entry Sept 23 19 50

Name of Deceased Leo J. Vander Lans
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) w

Residence: 152 Glendora Ave. Long Beach ☐ Husband ☐ Wife ☐ Widow ☐ Orphan ☐ of Alice
 Age of Husband or Wife (if living) Years

Charge to: Mrs. Alice Vander Lans
 Address: 152 Glendora Ave. Long Beach
 Order given by: Glendora

How Secured: to be paid within 30 days
 If Veteran, State War: yes War I

Occupation: Dept. of Labor Com.
 Employer and Address: State of Calif. (Social Security Number)

Date of Death: Sept 23, 1950 11:45 P. (Date) (Hour)
 Date of Birth: March 4, 1889

Age: 61 (Years) (Months) (Days) 1-7
 Date of Funeral: Sept 25 Mon 8:15 A. - M. (Date) (Day of Week) (Hour)

Services at: Long Beach
 Clergyman: (Address)

Religion of the Deceased:
 Birthplace: Holland

Resided in the State: (or U. S. or City or County) (Years) (Months)
 Place of Death: Mary's Cottages, Boyes Springs

Cause of Death:
 Contributory Causes:

Certifying Physician: Vernon Silverfield (or Coroner)
 His Address: Santa Rosa, Calif.

Name of Father: Vander Lans
 His Birthplace: Holland

Maiden Name of Mother:
 Her Birthplace:

Remains to: Mittell's Mortuary
 Ship: 509 - E - 3rd St. Long Beach

Size of Casket: 6 ft. x 3 ft. x 1 ft. (State Color and Number)

Manufactured by: Golden State Casket Co. - 954
 Cemetery: Long Beach
 Crematory:

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Diagram of Lot or Vault

Complete Funeral (except outlays)	\$ 298 -
Casket	
Burial Vault or Box <u>Shipping</u>	25 00
(State Kind)	
Embalming Body	
(Name of Embalmer)	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	149
Suit or Dress	
(State Kind and Color)	
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	447
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	
Funeral Car, \$	
Ambulance, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
(State Number and District)	
Certif. Copies of Death Certificates No.	
(State Physician's or Coroner's)	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation <u>Interment to Long Beach</u>	37 13
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor	
Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in	Papers
<u>Examiner</u>	6 50
(Names of Newspapers)	
Sales Tax	5 22
Total Footing of Bill	\$ 371 85
Less <u>16.15 - 30 days -</u>	
Balance	\$
Entered into Ledger, page	or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Sept 24, 1950 statement					
To Above Balance	\$		To Balance Forward		
By Payment	\$		By Payment <u>cash</u>	37 13	
Oct 12, sent papers to widow to sign	\$		Nov 12, 50 on acct	150 00	
11/1/50 statement	\$		Jan 9, 1951 Government	150 -	
Jan 2, 1951 letter	\$		Jan 22 In full	34 72	
" "	\$		" "		
" "	\$		" "		
" "	\$		" "		

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry ... October 5 1950

Name of Deceased ... Bertha B. De Chesne ... (What Race) ... W.

Residence ... 411 Boy 1189 Glen Ellen ... Husband ☐ Wife ☐ Widow ☐ ... Leon

Charge to ... Mrs. Marie Guaccia ... or ... of ... Age of Husband or Wife (if living) ... Years

Address ... above

Order given by ... (or informant)

How Secured ...

If Veteran, State War ...

Occupation ... at home ... no ... (Social Security Number)

Employer and Address ...

Date of Death ... Oct 5, 1950 ... 4:30 P. ... (Date) ... (Hour)

Date of Birth ... Feb 6, 1861 ... (Date) ... (Hour)

Age ... 89 ... 7 ... 29 ... (Years) ... (Months) ... (Days)

Date of Funeral ... Oct 7 ... Sat ... 9:30 A.M. ... (Date) ... (Day of Week) ... (Hour)

Services at ... St. Francis

Clergyman ... (Address)

Religion of the Deceased ... Catholic

Birthplace ... Germany

Resided in the State ... (or U. S. or City or County) ... (Years) ... (Months)

Place of Death ... Home

Cause of Death ...

Contributory Causes ...

Certifying Physician ... Michael M. Maki ... (or Coroner)

His Address ... Boys Springs, Calif.

Name of Father ... J. A. Acker

His Birthplace ... Germany

Maiden Name of Mother ...

Her Birthplace ... Germany

Motor } Remains to ... Ship }

Size of Casket ... 9389 ... Coa 378 ... (State Color and Number)

Manufactured by ... J. T. Casket Co.

Cemetery } Catholic Cemetery, Sonoma Crematory }

Lot No. ...

Grave No. ...

Section No. ...

Block No. ...

Owner ...

Complete Funeral (except outlays) ... \$ 308

Casket ...

Burial Vault or Box ... (State Kind) ... 15

Embalming Body ... (Name of Embalmer)

Barber, \$... Hair Dressing, \$...

Dressing Body, \$... Underwear, \$...

Suit or Dress ... 16 ... Sat 48 ... (State Kind and Color) ... 16 48

Slippers, \$... Hose, \$...

Folding Chairs, \$... Tarpaulin, \$...

Candelabrum, \$... Candles, \$...

Door Spray, \$... Gloves, \$...

Funeral Car, \$... Ambulance, \$...

Limousines to Cemetery ... @ \$...

Extra Limousines ... @ \$...

Autos to R. R. Station ... @ \$...

Getting Remains from ...

Taking Remains to ...

Trip to Coroner's Inquest ...

Delivering Box to ...

Deliver Flowers to ...

Removal Charges ...

Procuring Burial Permit ...

— Certif. Copies of Death Certificates No. ... (State Number and District) ... (State Physician's or Coroner's)

Pall Bearer Service, \$... Use of Chapel, \$...

Gross Total for Sales Tax ... \$

Outlay for Lot ... One Grave ... 25

Cremation ...

Flowers, \$... Palms, \$... Matting, \$...

Rental of Tent, \$... of Temporary Vault, \$...

Opening of Grave or Tomb ... 25

Lining Grave, \$... Lowering Device, \$...

Outlay for Shipping Charges ...

Clergyman, \$... Singers, \$... Organist, \$...

Railroad } Tickets, \$... Aero- plane Service, \$... or Motor }

Telegr., Phone, Cable or Radio Charges ...

Cash Advanced ...

Out of town Undertaker's Charges ...

Personal Service ... Mass ... 15 00

... line Death Notices in ... Papers ... 58

... Index Tribune ... (Names of Newspapers) ... 1 00

Sales Tax ... 5 07

Total of Bill ... \$ 413 13

Less ... 16 ... 30 days ... \$ 16 15

Balance ... \$ 396 98

Entered into Ledger, page ... or below.

245

Complete Funeral (except outlays)	\$ 220
Casket	
Burial Vault or Box	15
Embalming Body	
Barber, \$	1.10
Dressing Body, \$	1.25
Suit or Dress	12.50
Slippers, \$	1.25
Folding Chairs, \$	3.75
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	@ \$
Extra Limousines	@ \$
Autos to R. R. Station	@ \$
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates	
Pall Bearer Service, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	Single grave 25
Cremation	
Flowers, \$	
Rental of Tent, \$	
Opening of Grave or Tomb	25
Lining Grave, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Railroad or Motor Tickets, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	
Out of town Undertaker's Charges	
Personal Service	15
line Death Notices in	
Sales Tax	3.25
Total Footing of Bill	\$ 303.75
Less	\$ 11.75
Balance	\$ 304.75
Entered into Ledger, page	

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum.

Witness..... Signed.....
Address.....

RECORD OF FUNERAL

Total No.....

Yearly No.....

Date of Entry.....

1950

Name of Deceased.....

☒ Married ☐ Single ☐ Widowed ☐ Divorced

☒ Husband ☐ Wife ☐ Widow

or..... of

Age of Husband or Wife (if living)..... Years

Residence.....

Charge to.....

Address.....

Order given by.....

(or informant)

How Secured.....

If Veteran, State War.....

Occupation.....

(Social Security Number)

Employer and Address.....

Date of Death.....

(Date) (Hour)

Date of Birth.....

(Years) (Months) (Days)

Age.....

Date of Funeral.....

(Date) (Day of Week) (Hour)

Services at.....

Clergyman.....

(Address)

Religion of the Deceased.....

Birthplace.....

Resided in the State.....

(or U. S. or City or County) (Years) (Months)

Place of Death.....

Cause of Death.....

Contributory Causes.....

Certifying Physician.....

(or Coroner)

His Address.....

Name of Father.....

His Birthplace.....

Maiden Name of Mother.....

Her Birthplace.....

Motor } Remains to.....

Ship }

Size of Casket.....

(State Color and Number)

Manufactured by.....

Cemetery }.....

Cemetery }

Complete Funeral (except outlays).....

Casket.....

Burial Vault or Box.....

(State Kind)

Embalming Body.....

(Name of Embalmer)

Barber, \$.....

Hair Dressing, \$.....

Dressing Body, \$.....

Underwear, \$.....

Suit or Dress.....

(State Kind and Color)

Slippers, \$.....

Hose, \$.....

Folding Chairs, \$.....

Tarpaulin, \$.....

Candelabrum, \$.....

Candles, \$.....

Door Spray, \$.....

Gloves, \$.....

Funeral Car, \$.....

Ambulance, \$.....

Limousines to Cemetery.....

@ \$.....

Extra Limousines.....

@ \$.....

Autos to R. R. Station.....

@ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit.....

(State Number and District)

___ Certif. Copies of Death Certificates No.....

(State Physician's or Coroner's)

Pall Bearer Service, \$.....

Use of Chapel, \$.....

Gross Total for Sales Tax.....

\$.....

Outlay for Lot.....

Cremation.....

Flowers, \$.....

Palms, \$.....

Matting, \$.....

Rental of Tent, \$.....

of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$.....

Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$.....

Singers, \$.....

Organist, \$.....

Railroad } Tickets, \$.....

or Motor } Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service.....

Casket Spring.....

Line Death Notices in.....

Papers.....

(Names of Newspapers)

Sales Tax.....

Total Footing of Bill.....

Less.....

30 days.....

Balance.....

Entered into Ledger, page.....

or below.....

Date		Amount Paid	Balance	Date		Amount Paid	Balance
To Above Balance	\$		\$	To Balance Forward	\$		\$
By Payment	\$		\$	By Payment	\$		\$
" "	\$		\$	" "	\$		\$
" "	\$		\$	" " 10-21-50	\$	398 12	\$
" "	\$		\$	" " In full	\$		\$
" "	\$		\$	" "	\$		\$
" "	\$		\$	" "	\$		\$
" "	\$		\$	" "	\$		\$

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of.....% per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry October 17 1957

Name of Deceased Martha Marie Wald White

☒ Married ☐ Single ☐ Widowed ☐ Divorced ☐ Husband ☒ Wife ☐ Widow } Otto Wald (What Race)

Residence: Rt 1 Bx 588 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs Clara Jurgens

Address: Rt Bx 588

Order given by (or informant)

How Secured

If Veteran, State War

Occupation at home (Social Security Number)

Employer and Address

Date of Death Oct 17-1957 10:15 PM (Date) (Hour)

Date of Birth Sept 12-1859 (Date) (Hour)

Age 98 (Years) (Months) (Days)

Date of Funeral Oct 21-57 Sat 1 P M (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Lyman Jones (Address)

Religion of the Deceased

Birthplace Germany

Resided in the State 26 yrs (or U. S. or City or County) (Years) (Months)

Place of Death Rt 1 Bx 588

Cause of Death Acute Myocarditis

Contributory Causes Chronic Myocarditis

..... degeneration

Certifying Physician Dr. G. Price M.D. (or Coroner)

His Address Unknown

Name of Father Germany

His Birthplace Unknown

Maiden Name of Mother Germany

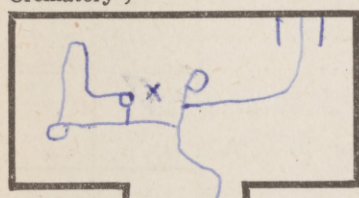
Her Birthplace

Motor } Remains to
Ship }

Size of Casket (State, Color and Number)

Manufactured by San Francisco, C.C.

Cemetery } Mountain Cemetery
Crematory }

Diagram of Lot or Vault 

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 308

Casket \$ 15

Burial Vault or Box (State Kind) \$ 15

Embalming Body (Name of Embalmer) \$ 16

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$
~~Smile~~ Dress (State Kind and Color) \$ 48

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit. Cemetery \$ 4.00
..... (State Number and District)
Certif. Copies of Death Certificates No.
(State Physician's or Coroner's)
Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot
Cremation
Flowers, \$ Palms, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service
Stan Ruggles \$ 7.50
line Death Notices in Papers
Index Tribune \$ 1.50
..... (Names of Newspapers) \$ 4.00
Rev. Lyman Jones \$ 10.00
Sales Tax \$ 5.07
Total Footing of Bill \$ 446.55
Less 16.15 days \$ 16.15
Balance \$ 430.40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Oct 28	statement				
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	Nov 1, 1957	Mrs Jurgens	\$200
	" "	\$	Nov 10	Infant	\$230.40
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Oct 20 1950

Name of Deceased Cecelia Monaghan White
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 1, Box 88, Glen Ellen
☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: John J. Monaghan

Address: Rt. 1, Box 88 - Glen Ellen

Order given by: above
 (or informant)

How Secured:

If Veteran, State War

Occupation: at home
 (Social Security Number)

Employer and Address

Date of Death: Oct 20, 1950 7:03 AM
 (Date) (Hour)

Date of Birth: August 28 1864
 (Date) (Year)

Age: 86
 (Years) (Months) (Days)

Date of Funeral: Oct 23, 50 Mon. 9: AM
 (Date) (Day of Week) (Hour)

Services at: Saint Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Ireland

Resided in the State 30 yrs
 (or U. S. or City or County) (Years) (Months)

Place of Death: at home

Cause of Death: Myocardial Failure

Contributory Causes: Arteriosclerotic Ht Disease - Semerity

Certifying Physician: Michael M. White MD
 (or Coroner)

His Address: Bayes Nat Springs

Name of Father: Michael Gallagher

His Birthplace: Ireland

Maiden Name of Mother: Ann Gallagher

Her Birthplace: Ireland

Motor } Remains to
 Ship }

Size of Casket: Orchid
 (State Color and Number)

Manufactured by: Golden State CC

Cemetery } Catholic Cemetery
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 392

Casket
 Burial Vault or Box (State Kind) 15
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
~~Suit or Dress~~ + ~~Underwear~~ + ~~Hose~~ + ~~Slip~~ + ~~Tax~~
 (State Kind and Color) 20 86
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$ 196
 Extra Limousines @ \$ 3525
 Autos to R. R. Station @ \$ 23125
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot. 2 Graves 50 00
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Mass 15 00
 line Death Notices in Papers 6 72
Evangelist
Press Democrat (Names of Newspapers) 4 00
 Sales Tax 6 33
 Total Footing of Bill \$ 534 91
 Less 20 35 3 days Index Fee \$ 2 58
 Balance \$ 537 49

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Nov 1, 1950</u>	<u>To Above Balance</u>	\$	<u>To Balance Forward</u>	\$	\$
<u>Jan 2, 1951</u>	<u>By Payment</u>	\$	<u>By Payment</u>	\$	\$
<u>2/1/51</u>	<u>"</u>	\$	<u>1951</u>	<u>337 49</u>	\$
<u>3/8/51</u>	<u>"</u>	\$	<u>"</u>	<u>100</u>	\$
<u>"</u>	<u>"</u>	\$	<u>"</u>	<u>100</u>	\$
<u>"</u>	<u>"</u>	\$	<u>June 11, 1951</u>	<u>"</u>	\$
<u>"</u>	<u>"</u>	\$	<u>"</u>	<u>"</u>	\$
<u>"</u>	<u>"</u>	\$	<u>"</u>	<u>"</u>	\$
<u>"</u>	<u>"</u>	\$	<u>"</u>	<u>"</u>	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

RECORD OF FUNERAL

Total No.....

Yearly No.....

Date of Entry.....

1950

Name of Deceased.....

Edward Bousquet

White

☒ Married

☐ Single

☐ Widowed

☐ Divorced

Residence.....

P.O. Box 161, Bayes Springs

☐ Husband

☐ Wife

☐ Widow

Mary Bousquet

Charge to.....

Mary Bousquet

or..... of

Age of Husband or Wife (if living)..... Years

Address.....

P.O. Box 161 - Bayes Springs

Order given by.....

(or informant)

How Secured:.....

If Veteran, State War.....

Occupation.....

570-26-1988

(Social Security Number)

Employer and Address.....

Date of Death.....

Oct 25, 1950

6:45 AM

(Date)

(Hour)

Date of Birth.....

March 8, 1901

Age.....

49

(Years)

(Months)

(Days)

Date of Funeral.....

Oct 27, Friday

9:15 AM

(Date)

(Day of Week)

(Hour)

Services at.....

St. Francis

Clergyman:.....

(Address)

Religion of the Deceased.....

Catholic

Birthplace.....

France

Resided in the State.....

(or U. S. or City or County)

(Years)

(Months)

Place of Death.....

Sonoma Valley Com. Hosp.

Cause of Death.....

Coronary occlusion

Contributory Causes.....

with myocardial infarct

Certifying Physician.....

Robert L. Milnebauer

(or Coroner)

His Address:.....

Sonoma

Name of Father.....

John Bousquet

His Birthplace.....

France

Maiden Name of Mother.....

Jennie Megan

Her Birthplace.....

France

Motor } Remains to

Ship }

Size of Casket.....

Rose Louise

(State Color and Number)

Manufactured by.....

Little Casket Co.

Cemetery } Catholic Cemetery

Crematory }

Diagram of Lot or Vault

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays).....

\$ 385

Casket.....

15

Burial Vault or Box.....

(State Kind)

Embalming Body.....

(Name of Embalmer)

Barber, \$.....

Hair Dressing, \$.....

Dressing Body, \$.....

Suit or Dress, Suit 14.50 + Tax 17.00

(State Kind and Color)

Slippers, \$.....

Hose, \$.....

Folding Chairs, \$.....

Tarpaulin, \$.....

Candelabrum, \$.....

Candles, \$.....

Door Spray, \$.....

Gloves, \$.....

Funeral Car, \$.....

Ambulance, \$.....

Limousines to Cemetery.....

@ \$.....

Extra Limousines.....

@ \$.....

Autos to R. R. Station.....

@ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit.....

(State Number and District)

Certif. Copies of Death Certificates No.....

(State Physician's or Coroner's)

Pall Bearer Service, \$.....

Use of Chapel, \$.....

Gross Total for Sales Tax.....

\$ 30.00

Outlay for Lot.....

2 Graves

Cremation.....

Flowers, \$.....

Palms, \$.....

Matting, \$.....

Rental of Tent, \$.....

of Temporary Vault, \$.....

Opening of Grave or Tomb.....

25.00

Lining Grave, \$.....

Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$.....

Singers, \$.....

Organist, \$.....

Railroad } Tickets, \$.....

or Motor } Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service.....

15.00

line Death Notices in.....

Papers

Index.....

(Names of Newspapers)

Sales Tax.....

6.20

Total Footing of Bill.....

\$ 513.78

Less.....

Cash discount 30 days

Balance.....

\$ 493.88

Entered into Ledger, page.....

or below.

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No.....

Yearly No.....

Date of Entry.....

Nov 3 1950

Name of Deceased.....

Robert M. Farrell

(What Race)

☐ Married

☐ Single

☐ Widowed

☐ Divorced

Residence.....

Rt. 1 B4 478 Sonoma, Calif.

☐ Husband

☐ Wife

☐ Widow

or..... of } Margaret

Age of Husband or Wife (if living)..... Years

Charge to.....

Mrs. Margaret Farrell

Address.....

Above 100

Order given by.....

Dale Farrell

(or informant)

How Secured:.....

If Veteran, State War.....

No

Occupation.....

Retired Lumberman

(Social Security Number)

Employer and Address.....

Date of Death.....

Nov. 3, 1950

10:30 A

(Date)(Hour)

Date of Birth.....

Sept. 21, 1879

Age.....

71

(Years)(Months)(Days)

Date of Funeral.....

Nov. 6, 1950 Mon.

9:30 A.M.

(Date)(Day of Week)(Hour)

Services at:.....

St. Francis Church

Clergyman:.....

(Address)

Religion of the Deceased.....

Birthplace.....

Bodega, Calif.

Resided in the State.....

(or U. S. or City or County)(Years)(Months)

Place of Death.....

Home

Cause of Death.....

Contributory Causes.....

Certifying Physician.....

Wm. J. Newman M.D.

(or Coroner)

His Address.....

Sonoma, Calif.

Name of Father.....

Martin Farrell

His Birthplace.....

Ireland

Maiden Name of Mother.....

Ellen Agnes McFarrell

Her Birthplace.....

Ireland

Motor Ship } Remains to.....

Size of Casket.....

Hollywood

(State Color and Number)

Manufactured by.....

Casket Co.

Cemetery Crematory.....

Int. Olivet Cem. San Rafael, Calif.

(Names of Newspapers)

Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Complete Funeral (except outlays).....

\$ 652 -

Casket.....

150 -

Burial Vault or Box.....

(State Kind)

Embalming Body.....

(Name of Embalmer)

Barber, \$.....

Hair Dressing, \$.....

Dressing Body, \$.....

Underwear, \$.....

Suit or Dress.....

(State Kind and Color)

Slippers, \$.....

Hose, \$.....

Folding Chairs, \$.....

Tarpaulin, \$.....

Candelabrum, \$.....

Candles, \$.....

Door Spray, \$.....

Gloves, \$.....

Funeral Car, \$.....

Ambulance, \$.....

Limousines to Cemetery.....

@ \$.....

Extra Limousines.....

@ \$.....

Autos to R. R. Station.....

@ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit.....

(State Number and District)

—Certif. Copies of Death Certificate No.....

(State Physician's or Coroner's)

Pall Bearer Service, \$.....

Use of Chapel, \$.....

Gross Total for Sales Tax.....

\$

Outlay for Lot.....

Cremation.....

Casket Spray

25 00

Flowers, \$.....

Palms, \$.....

Matting, \$.....

Rental of Tent, \$.....

of Temporary Vault, \$.....

Opening of Grave or Tomb.....

35 00

Lining Grave, \$.....

Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$.....

Singers, \$.....

Organist, \$.....

Railroad } Tickets, \$.....

Aero-plane } Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

1 00

Out of town Undertaker's Charges.....

Personal Service.....

Mass

15 00

.....line Death Notices in.....Papers.....

4 00

.....

8 40

.....

3 45

.....

3 64

.....

14 28

Sales Tax.....

Total Footing of Bill.....

\$ 911 74

Less.....

40 10 - 20 days

\$ 40 10

Balance.....

\$ 871 64

Entered into Ledger, page.....or below.

Date	Statement	Amount Paid	Balance	Date		Amount Paid	Balance
Dec 12 1950	FARRELL—In Sonoma, Calif., Nov. 3, 1950, Robert Martin Farrell, dearly beloved husband of Mrs. Margaret Farrell, of Sonoma, beloved father of Dale Farrell of Sonoma and the late Edwin Farrell, brother of the late Margaret Slattery, William, Dr. George and Joe Farrell and Mrs. Mary Sayers; a native of California; aged 71 years.				To Balance Forward		
	Friends are respectfully invited to attend the funeral services Monday, Nov. 6, at 9:15 a. m. from the Chapel of Bates & Evans in Sonoma, Calif., thence to St. Francis Church, where a Requiem Mass will be offered for the repose of his soul commencing at 9:30 a. m. Interment, Mt. Olivet Cemetery, San Rafael, Calif. Rosary will be recited Sunday evening at 8 o'clock at the Bates & Evans Chapel.	\$	\$	Dec 15 50	By Payment	\$	\$
	" "	\$	\$		" " Jan full	\$	\$
	" "	\$	\$		" " 07/1 64	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

Total No.

Yearly No.

Date of Entry

October 27 1950

Name of Deceased

Elizabeth Duncan

☐ Married

☐ Single

☐ Widowed

☐ Divorced

(What Race)

Residence:

99 Jersey St. S. 7.

☐ Husband

☐ Wife

☐ Widow

Harold J. Duncan

or of } Age of Husband or Wife (if living) Years

Charge to:

99 Jersey St. S. 7.

ss.

given by

(or informant)

Secured:

Veteran, State War

At home

ation

(Social Security Number)

ayer and Address

of Death

Oct 27 1950 6:20 P.

(Date) (Hour)

of Birth

1875-75-

(Years) (Months) (Days)

of Funeral

Oct 30 1950 Mon 9:30 A. M.

(Date) (Day of Week) (Hour)

es at:

St Francis

yman:

(Address)

on of the Deceased

place

ed in the State

(or U. S. or City or County) (Years) (Months)

of Death

Imola State Hospital

of Death

Serinity

ibutory Causes

Serinity Psychosis

ying Physician

(or Coroner)

address

Imola State Hospital

of Father

Birthplace

en Name of Mother

Birthplace

} Remains to

of Casket

4800 1/2 Magnolia

(State Color and Number)

Manufactured by

Golden State Casket Co.

Cemetery }

Crematory } Holy Cross Colma Caly

Complete Funeral (except outlays)

407 -

Casket

Burial Vault or Box

(State Kind)

Embalming Body

(Name of Embalmer)

Barber, \$

Hair Dressing, \$

Dressing Body, \$

Underwear, \$

Suit or Dress

1.6 48

(State Kind and Color)

Slippers, \$

Hose, \$

Folding Chairs, \$

Tarpaulin, \$

Candelabrum, \$

Candles, \$

Door Spray, \$

Gloves, \$

Funeral Car, \$

Ambulance, \$

Limousines to Cemetery

@ \$

Extra Limousines

@ \$

Autos to R. R. Station

@ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

San Mateo Co.

(State Number and District)

Certif. Copies of Death Certificates No.

(State Physician's or Coroner's)

Pall Bearer Service, \$

Use of Chapel, \$

Gross Total for Sales Tax

56 33

Outlay for Lot

Cremation

Flowers, \$

Palms, \$

Matting, \$

Rental of Tent, \$

of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$

Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$

Singers, \$

Organist, \$

Railroad } Tickets, \$

or Motor } Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Funeral at Home

line Death Notices in

Papers

(Names of Newspapers)

Sales Tax

6 11

Total Footing of Bill

507 92

Less

20 35 - 30 days

487 57

Balance

Entered into Ledger, page or below.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date

Amount Paid

Balance

Date

Amount Paid

Balance

Date		Amount Paid	Balance	Date		Amount Paid	Balance
10/27/50	statement						
	To Above Balance	\$			To Balance Forward	\$	
	By Payment	\$			By Payment	\$	
	" "	\$			" " "Full	\$ 487.57	
	" "	\$			" " "30-50	\$	
	" "	\$			" " "Oct	\$	
	" "	\$			" "	\$	
	" "	\$			" "	\$	
	" "	\$			" "	\$	

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

Total No. Yearly No. Date of Entry Mon 4 1950

Name of Deceased Paul Kahdemann

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 221 - Sonoma ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Johanna Kahdemann

Address: Jaboue

Order given by: (or informant)

How Secured:

If Veteran, State War: No

Occupation: Cabinet maker (Social Security Number)

Employer and Address:

Date of Death: Nov 4, 1950 3:55 P. (Date) (Hour)

Date of Birth: Feb 10, 1866 (Date) (Month) (Day)

Age: 84 (Years) (Months) (Days)

Date of Funeral: Nov 7 Tue 2 P. (Date) (Day of Week) (Hour) M.

Services at: Chapel

Clergyman: Lyman Jones Petaluma (Address)

Religion of the Deceased:

Birthplace: Germany

Resided in the State: (or U. S. or City or County) (Years) (Months)

Place of Death: Emola, Cal.

Cause of Death: Chronic Myocarditis

Contributory Causes: Senile

Certifying Physician: G. E. Kiser M.D. (or Coroner)

His Address: Emola, Cal.

Name of Father: John Kahdemann

His Birthplace: Germany

Maiden Name of Mother: unknown

Her Birthplace:

Motor } Remains to
Ship }

Size of Casket: 9405 Doeskin (State Color and Number)

Manufactured by: Golden 7 Casket Co.

Cemetery } Mt. Cemetery Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner:

Complete Funeral (except outlays) \$ 220 -

Casket 15 -

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 11.00

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$ 12.50

Door Spray, \$ Gloves, \$ 3.75

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to:

Trip to Coroner's Inquest (State Number and District)

Delivering Box to:

Deliver Flowers to:

Removal Charges:

Procuring Burial Permit: 6 -

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 2 Posts @ 2.00 4.00

Cremation 7.00

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb:

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges:

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges:

Cash Advanced:

Out of town Undertaker's Charges:

Personal Service: Lyman Jones 10.00

line Death Notices in Papers

Index Tribune 3.60

(Names of Newspapers)

Sales Tax 3.75

Total Footing of Bill \$ 332 36

Less 11.75 - 30 days \$ 11 75

Balance \$ 320 61

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

255

Total No. Yearly No. Date of Entry November 7, 1950

Name of Deceased William J. Archer
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence Sanoma Blvd. & Baxter St. Ed. Evans
☐ Husband ☐ Wife ☐ Widow Amanda
 Charge to Mrs. Amanda Archer - Box 141 Ed. Evans or of Age of Husband or Wife (if living) Years

Address Abama

Order given by

How Secured \$150 Cash - 25 per mo. (or informant)

If Veteran, State War no

Occupation Retired Laborer \$54-32-1799
 (Social Security Number)

Employer and Address U.S. Post Office

Date of Death Nov. 7, 1950 4:30 A.
 (Date) (Hour)

Date of Birth Jan. 20, 1885
 (Date)

Age 65 9 17
 (Years) (Months) (Days)

Date of Funeral Nov. 9, Thurs. 2 P. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. J. A. De Jong, Sanoma
 (Address)

Religion of the Deceased

Birthplace New York

Resided in the State California
 (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Grant D. Fletcher, M.D.
 (or Coroner)

His Address Sanoma, Calif.

Name of Father Archer

His Birthplace

Maiden Name of Mother

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket # 95 H. Silver
 (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery } Mt. Cemetery, Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 208 -
 Casket 25.00 Extra Size 20.00
 Burial Vault or Box 15 -
 (State Kind)
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 4 00
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 58 00
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. De Jong music themselves line Death Notices in Papers examined local notice

 (Names of Newspapers)
 Sales Tax 5 07
 Total Footing of Bill \$ 428 49
 Less 16 15 \$ 412 34
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Nov. 7</u>	<u>on acct</u>	<u>150</u>
	" "	\$	<u>Nov. 8</u>	<u>for full</u>	<u>262.34</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Nov. 8 1950

Name of Deceased John Benson
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 90 Embarcadero St. ☐ Husband ☐ Wife ☐ Widow }
 Charge to: Mrs. Blenda Dahlquist or of } Age of Husband or Wife (if living) Years

Address.....

Order given by..... (or informant)

How Secured:.....

If Veteran, State War No

Occupation Rancher none
 (Social Security Number)

Employer and Address

Date of Death Nov. 8, 1950 8:50 P.
 (Date) (Hour)

Date of Birth Oct. 8, 1868
 (Date) (Day of Week) (Hours)

Age.....
 (Years) (Months) (Days)

Date of Funeral Nov. 13, Mon. 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: G. B. Champlin, Sonoma
 (Address)

Complete Funeral (except outlays).....\$ 323 -

Casket.....

Burial Vault or Box..... (State Kind)

Embalming Body..... (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress 14.50 underwear & socks 2.00 1.70
 (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery..... @ \$.....

Extra Limousines..... @ \$.....

Autos to R. R. Station..... @ \$.....

Getting Remains from:.....

Taking Remains to:.....

Trip to Cemetery.....

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 9380

RECEIVED FROM Bates & Co. Inc. Santa Rosa, California Nov. 13 1950

Sonoma, Calif.

John Benson

Crematorium Services For.....

Memorial Section.....

--including endowment fund deposit--

Urn..... Chest.....

Flower Service { Twice } Each Week, from..... to.....

{ Rental } { Once } { Care } from..... to.....

Engraving..... Permit.....

Total.....

Credits.....

Received Forty-five and no 100 Dollars 45.00

Check No. 90-754-3206 Record No. 4150

1211

Present Balance.....

CALIFORNIA CREMATORIUM.....

Per Robert E. Foster.....

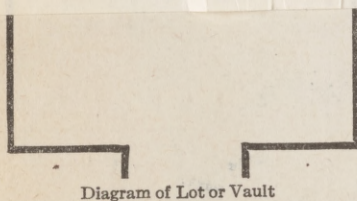


Diagram of Lot or Vault

Grave No.....

Section No.....

Block No.....

Owner.....

Sales Tax.....

Total Footing of Bill.....\$ 428.46

Less 161.50 20 days.....\$ 266.96

Balance.....\$ 266.96

Entered into Ledger, page..... or below.....

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....	\$.....	\$.....	To Balance Forward.....	\$.....	\$.....
By Payment.....	\$.....	\$.....	By Payment.....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....

Insurance \$..... Names of Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

maturity at the rate of..... % per annum.

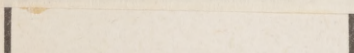
Witness..... Signed.....

Address.....

257

Complete Funeral (except outlays).....	\$	8.21
Casket.....		
Burial Vault or Box.....		1.5
Embalming Body.....	(State Kind)	
Barber, \$.....	Hair Dressing, \$.....	
Dressing Body, \$.....	Underwear, \$.....	
Suit or Dress.....	(State Kind and Color)	
Slippers, \$.....	Hose, \$.....	4105
Folding Chairs, \$.....	Tarpaulin, \$.....	13
Candelabrum, \$.....	Candles, \$.....	425
Door Spray, \$.....	Gloves, \$.....	
Funeral Car, \$.....	Ambulance, \$.....	127
Limousines to Cemetery.....	@ \$.....	
Extra Limousines.....	@ \$.....	
Autos to R. R. Station.....	@ \$.....	
Getting Remains from.....		
Taking Remains to.....		
Trip to Coroner's Inquest.....		
Delivering Box to.....		
Deliver Flowers to.....		
Removal Charges.....		
Procuring Burial Permit.....	(State Number and District)	
___ Certif. Copies of Death Certificates No. ___	(State Physician's or Coroner's)	
Pal Bearer Service, \$....	Use of Chapel, \$.....	
Gross Total for Sales Tax.....	\$	
Outlays for Lot.....		

ting, \$		
Vault, \$	25	00
ervice, \$		
ganist, \$		
ervice, \$		
arges		
ss	15	00
apers	8	76
er	9	24
al	3	00
L. (no ch.)	12	77
	909	17
	41	30
	867	87
or below.		

	Lot No.	Sales Tax	12	77
	Grave No.	Total Footing of Bill	909	17
	Section No.	Less 41.80 30 days	41	80
	Block No.	Balance	867	87
	Owner	Entered into Ledger, page or below.		

[illegible]

ACIGALUPI—Near Napa, Calif., Nov. 10, 1950, Antone Paul Bacigalupi, husband of the late Catherine Bacigalupi, beloved father of Mrs. Edna Stornetta of Napa and the late Lawrence Bacigalupi, adopted grandfather of Joan, Charles and Valerie Stornetta of Napa, loving brother of Mrs. Amelia Foppiano and John Bacigalupi of San Francisco and Mrs. Lena Cannobbio of Glen Ellen and the late Laura Giovannini, Josephine De Mari and Jildo Bacigalupi; a native of Italy, aged 67 years.

Mr. and Mrs. Bacigalupi invited to attend the funeral Monday, Nov. 13th, at 9:45 a. m., from the Chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis Church where a Requiem Mass will be offered for the repose of his soul commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma, Calif. Rosary will be recited Sunday eve, at 8 o'clock.

Nov. 9 1950, 1950

Names of
Lodges..... Insurance
Companies.....

General, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from

.....% per annum.

Signed.....

Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Nov. 8 1950

Name of Deceased John Benson
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: 90. Emparaders St. ☐ Husband ☐ Wife ☐ Widow }
 or: of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Blenda Dahlquist

Address:

Order given by: (or informant)

How Secured:

If Veteran, State War No

Occupation Rancher None
 (Social Security Number)

Employer and Address

Date of Death Nov. 8, 1950 8:50 P.
 (Date) (Hour)

Date of Birth Oct. 8, 1868
 (Date) (Month) (Days)

Age: 82
 (Years) (Months) (Days)

Date of Funeral Nov. 13, 1950 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: G. C. Champlin, Sonoma
 (Address)

Religion of the Deceased

Birthplace Sweden

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death San Francisco Hospital
 Cause of Death Pneumonia

Contributory Causes

Attending Physician James Yee M.D.
 (or Coroner)

Address 87 Hospital

Father: Ben. Anderson, Sweden

Place Sweden

Name of Mother Anna Nielson

Place Sweden

Remains to

Set # 95 H. Silver Doe
 (State Color and Number)

Entered by Golden State Gas & Oil Co.

Chapel of the Chimes, S.F.

Lot No.

Grave No.

Section No.

Block No.

Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 323 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$
 Suit or Dress 14 Underwear 4.50 17.00
 (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 16.50

Door Spray, \$ Gloves, \$ 16.50

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$ 128.00

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from: 5.00

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to Casket Spray 20.00

Deliver Flowers to

Removal Charges

Procuring Burial Permit 87 1.00
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 45.00

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. G. C. Champlin 10.00

Line Death Notices in: Index Tribune 3.61
 (Names of Newspapers) 4.00

Sales Tax 4.85

Total Footing of Bill 428.46

Less 16.15 30 days 412.31

Balance San Organ music 4.00
 Entered into Ledger, page or below. 416.31

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment		\$	By Payment		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$
" "		\$	" "		\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Nov. 8 1950

Name of Deceased John Benson
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)Residence 90 Embarcadere St.
Charge to Mrs. Blenda Dahlquist
AddressOrder given by
(or informant)

How Secured : :

If Veteran, State War No.

Occupation Rancher
Employer and Address
(Social Security Number)Date of Death Nov. 8, 1950 8:50 P.
(Date) (Hour)Date of Birth Oct. 8, 1868
(Date) (Month) (Days)Age 82
(Years) (Months) (Days)Date of Funeral Nov. 13, 1950 2 P. M.
(Date) (Day of Week) (Hour)

Services at Chapel

Clergyman C. C. Champlin, Sonoma
(Address)

Religion of the Deceased

Place of Birth Sweden
(or U. S. or City or County) (Years) (Months)Place of Death San Francisco Hospital
(State Physician's or Coroner's)

Cause of Death Broncho pneumonia

Contributory Causes

Attending Physician James Yee M.D.
(or Coroner)

Address 87 Hospital

Father Ben. Anderson, Sweden

Place of Birth Sweden

Name of Mother Anna. Nielson

Place of Birth Sweden

Remains to

Casket # 95 H. Silver, Dec.
(State Color and Number)Entered by Golden State Casket
Chapel of the Chimes, S.F.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Sales Tax 4 85

Total Footing of Bill \$ 428.46

Less 161.50 20 days \$ 266.96

Balance \$ 266.96

Entered into Ledger, page 433 46

Date Amount Paid Balance

To Above Balance

By Payment

" "

" "

" "

" "

" "

" "

" "

" "

Insurance \$

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

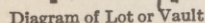
Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

Complete Funeral (except outlays)	\$ 308 -
Casket	
Burial Vault or Box	15 -
Embalming Body	
Barber, \$	
Dressing Body, \$	
Suit or Dress	
Slippers, \$	
Folding Chairs, \$	
Candelabrum, \$	
Door Spray, \$	
Funeral Car, \$	
Limousines to Cemetery	
Hair Dressing, \$	
Underwear, \$	
Hose, \$	
Tarpaulin, \$	
Candles, \$	
Gloves, \$	
Ambulance, \$	
@ \$	

ation @ \$	
from	
to	
Inquest	
o	
Permit	6 00
(State Number and District)	
of Death Certificates No.	
(State Physician's or Coroner's)	
ce, \$ Use of Chapel, \$	
ales Tax \$ \$	
2 Pasts @ 2.50	5.00
alms, \$: : : : Matting, \$	
. . . of Temporary Vault, \$	
e or Tomb	58.00
. . . Lowering Device, \$	
ing Charges	
. . . Singers, \$. . . Organist, \$	
\$ Aero- plane Service, \$	
able or Radio Charges	
ertaker's Charges	
Rev. Christian Ruggles (organ)	10.00 7.50
Notices in Papers	
to Notices	
Names of Newspapers)	



Sales Tax		507
Total Footing of Bill	\$	414 57
Less 16.15 - 30 days	\$	16 15
Balance	\$	398 42
Entered into Ledger, page.....or below.		

[illegible]

Witness..... Address.....

RECORD OF FUNERAL

259

Total No. Yearly No. Date of Entry November 13, 1950

Name of Deceased Robert L. Land

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 356 Santa Anna Ave S. 7. ☐ Husband ☐ Wife ☐ Widow or of Age of Husband or Wife (if living) Years

Charge to: Roy Land

Address 356 Santa Anna Ave S. 7.

Order given by Above (or informant)

How Secured

If Veteran, State War no

Occupation none (Social Security Number) none

Employer and Address

Date of Death Nov. 13, 1950 9 P. M. (Date) (Hour)

Date of Birth Feb. 21, 1948

Age 2 (Years) 8 (Months) 22 (Days)

Date of Funeral Nov. 16, Thurs 11 A. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. J. L. Roberts Sonoma (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Brain Abscess (subdural)

Contributory Causes Nasopharyngitis Acute

Congential Blindness, mental deficiency -

Certifying Physician Wm. C. Keating Jr. M.D. (or Coroner)

His Address Sonoma State Home

Name of Father Roy Land

His Birthplace California

Maiden Name of Mother Betty McRae

Her Birthplace China

Motor } Remains to
Ship }

Size of Casket 3/4 white lamb #50 (State Color and Number)

Manufactured by Golden State Basket Co.

Cemetery } Catholic Cem Sonoma
Crematory }

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 84 -

Casket \$ 11 00

Burial Vault or Box (State Kind) \$ 11 00

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 42

Folding Chairs, \$ Tarpaulin, \$ 11

Candelabrum, \$ Candles, \$ 53

Door Spray, \$ Gloves, \$ 3

Funeral Car, \$ Ambulance, \$ 1.59

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

_____ Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot 6 graves @ 25 \$ 150 -

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 4 ft deep \$ 20 -

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service priest \$ 5 -

_____ line Death Notices in Papers (Names of Newspapers)

Sales Tax \$ 1 59

Total Footing of Bill \$ 271 65

Less \$

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance.....	\$		To Balance Forward.....	\$
	By Payment.....	\$	<u>Nov. 15, 50</u>	By Payment <u>in full</u>	\$ <u>271 65</u>
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$
	" ".....	\$		" ".....	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.		Yearly No.	Date of Entry.	19 5 19 5
Name of Deceased. <i>Jeliet Thelma Flynn</i>		(What Race)		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced				
Residence. <i>Boyes & Louis St. Boyes Springs</i>		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow <i>Katherine</i>		
Charge to. <i>Mrs. Katherine Flynn</i>		Age of Husband or Wife (if living) Years		
Address. <i>Brother, R. E. Flynn</i>				
Order given by. <i>Gooding, Idaho R.F.N. #2</i>		(or informant)		
How Secured.				
If Veteran, State War. <i>World War I</i>				
Occupation. <i>Hardeper</i>		<i>550-24-0179</i> (Social Security Number)		
Employer and Address. <i>Sonoma Mission</i>				
Date of Death. <i>Nov. 14, 1950</i>		<i>11 A.M.</i> (Date) (Hour)		
Date of Birth. <i>June 19, 1884</i>				
Age. <i>66</i>		<i>4</i> (Months) <i>25</i> (Days)		
Time of Funeral. <i>Nov. 17 - Fri.</i>		<i>2:30 P.M.</i> (Date) (Day of Week) (Hour)		
Services at. <i>Chapel</i>				
Clergyman.		(Address)		
Region of the Deceased.				
Birthplace. <i>North Carolina</i>				
Died in the State.		(or U. S. or City or County) (Years) (Months)		
Cause of Death. <i>Massive myocardial infarct</i>				
Cause of Death. <i>Coronary Occlusion</i>				
Contributory Causes. <i>Arteriosclerotic heart disease</i>				
Attending Physician. <i>Vernon Silvershield</i>		(or Coroner) <i>Coroner</i>		
Address. <i>Santa Rosa, Calif.</i>				
Name of Father. <i>Jeliet L. Flynn</i>				
Birthplace. <i>U. S. A.</i>				
Full Name of Mother. <i>Martha Edma</i>				
Birthplace. <i>W. S. A.</i>				
Remains to				
Casket. <i>#95 H. Silver Oak</i>		(State Color and Number)		
Manufactured by. <i>Golden State Casket</i>				
Burial. <i>Mont. Cemetery Sonoma</i>				
		Lot No. Grave No. Section No. Block No. Owner.		
Complete Funeral (except outlays)		\$ <i>308 -</i>		
Casket				
Burial Vault or Box		(State Kind) <i>15 -</i>		
Embalming Body		(Name of Embalmer)		
Barber, \$.....		Hair Dressing, \$.....		
Dressing Body, \$.....		Underwear, \$.....		
Suit or Dress		(State Kind and Color)		
Slippers, \$.....		Hose, \$.....		
Folding Chairs, \$.....		Tarpaulin, \$.....		
Candelabrum, \$.....		Candles, \$.....		
Door Spray, \$.....		Gloves, \$.....		
Funeral Car, \$.....		Ambulance, \$.....		
Limousines to Cemetery		@ \$.....		
Extra Limousines		@ \$.....		
Autos to R. R. Station		@ \$.....		
Getting Remains from				
Taking Remains to				
Trip to Coroner's Inquest				
Delivering Box to				
Deliver Flowers to				
Removal Charges		6 00		
Procuring Burial Permit		(State Number and District)		
Certif. Copies of Death Certificates No.		(State Physician's or Coroner's)		
Pall Bearer Service, \$.....		Use of Chapel, \$.....		
Gross Total for Sales Tax		\$		
Outlay for Lot. <i>2 Pct. @ 2.50</i>		5 00		
Cremation				
Flowers, \$.....		Palms, \$.....		
Rental of Tent, \$.....		of Temporary Vault, \$.....		
Opening of Grave or Tomb		58 00		
Lining Grave, \$.....		Lowering Device, \$.....		
Outlay for Shipping Charges				
Clergyman, \$.....		Singers, \$.....		
Organist, \$.....				
Railroad or Motor } Tickets, \$.....		Aero-plane Service, \$.....		
Telegr., Phone, Cable or Radio Charges				
Cash Advanced				
Out of town Undertaker's Charges				
Personal Service. <i>Rev. Christian</i>		10 00		
..... <i>San Ruggles (organ.)</i>		7 50		
..... line Death Notices in		Papers		
..... <i>no notices</i>		(Names of Newspapers)		
Sales Tax		5 07		
Total Footing of Bill		\$ 414 57		
Less <i>16.15 - 30 days</i>		\$ 16 15		
Balance		\$ 398 42		
Entered into Ledger, page		or below.		

Bates and Evans
Funeral Directors
SONOMA, CALIFORNIA



Diagram of Lot or Vault

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance.....	\$0	\$0		To Balance Forward.....	\$0	\$0
	By Payment.....	\$0	\$0		By Payment.....	\$0	\$0
	" "	\$0	\$0		7 Nov 18, 50	\$398 42	\$0
	" "	\$0	\$0		" "	\$0	\$0
	" "	\$0	\$0		In full	\$0	\$0
	" "	\$0	\$0		" "	\$0	\$0
	" "	\$0	\$0		" "	\$0	\$0
	" "	\$0	\$0		" "	\$0	\$0

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

259

Total No. Yearly No. Date of Entry November 13, 1950

Name of Deceased Robert L. Land

☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W.

Residence 356 Santa Anna Ave S. 7. ☐ Husband ☐ Wife ☐ Widow ☒ or of Age of Husband or Wife (if living) Years

Charge to: Roy Land

Address 356 Santa Anna Ave S. 7.

Order given by Above (or informant)

How Secured no.

If Veteran, State War no.

Occupation none (Social Security Number) none

Employer and Address

Date of Death Nov. 13, 1950 9 P.M. (Date) (Hour)

Date of Birth Feb 21, 1948 (Date) (Hour)

Age 2 (Years) 8 (Months) 22 (Days)

Date of Funeral Nov. 16, Thurs 11 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. John S. Roberts Sonoma (Address)

Religion of the Deceased Catholic

Birthplace California

Resided in the State California (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma State Home

Cause of Death Brain Abscess (subdural)

Contributory Causes Nosopharyngitis Acute

Certifying Physician Wm. C. Keating Jr. M.D. (or Coroner)

His Address Sonoma State Home

Name of Father Roy Land

His Birthplace California

Maiden Name of Mother Betty McRae

Her Birthplace China

Motor Ship } Remains to

Size of Casket 3 1/2 white lamb #50 (State Color and Number)

Manufactured by Golden State Casket Co

Cemetery } Catholic Cem Sonoma (Names of Newspapers)

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) \$ 84 -

Casket \$ 11 00

Burial Vault or Box \$ 11 00

Embalming Body \$ 42 11 53

Barber, \$ Hair Dressing, \$ Underwear, \$ Suit or Dress \$ 1 59

Slippers, \$ Hose, \$ Tarpaulin, \$ Candelabrum, \$ Candles, \$ Door Spray, \$ Gloves, \$ Funeral Car, \$ Ambulance, \$ Limousines to Cemetery @ \$ Extra Limousines @ \$ Autos to R. R. Station @ \$ Getting Remains from Taking Remains to Trip to Coroner's Inquest Delivering Box to Deliver Flowers to Removal Charges Procuring Burial Permit (State Number and District) Certif. Copies of Death Certificates No. (State Physician's or Coroner's) Pall Bearer Service, \$ Use of Chapel, \$ Gross Total for Sales Tax \$ 150 -

Outlay for Lot 6 graves @ 25 \$ 150 -

Cremation \$ 20 -

Flowers, \$ Palms, \$ Matting, \$ Rental of Tent, \$ of Temporary Vault, \$ Opening of Grave or Tomb 4 ft. box \$ 20 -

Lining Grave, \$ Lowering Device, \$ Outlay for Shipping Charges Clergyman, \$ Singers, \$ Organist, \$ Railroad or Motor } Tickets, \$ Aero-plane Service, \$ Telegr., Phone, Cable or Radio Charges Cash Advanced Out of town Undertaker's Charges Personal Service Prust \$ 5 -

60 line Death Notices in Papers \$ 1 59

Sales Tax \$ 271 65

Total Footing of Bill \$ 271 65

Less \$ 5 -

Balance \$ 266 65

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment <u>Nov 15, 50</u>	\$ <u>271 65</u>	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$
"	\$	\$	"	\$	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance.....	\$.....	.....	To Balance Forward.....	\$.....
.....	By Payment.....	\$.....	.....	By Payment.....	\$.....
Dec 12, 1950	Statement	\$.....	Dec 9, 50	on and	\$150 00
Mar. 6 52	On acc	\$20 00	Feb 14, 1951	Ronald-	\$20 00
April 2 - 52	" " "	\$20 -	March 19 51	"	\$20 00
May 5 52	" " "	\$20 -	April 11, 51	" "	\$20 -
June 4 52	" " "	\$20 -	May 8 51	" "	\$20 -
July 8 52	" " "	\$20 -	June 12, 51	" "	\$20 -
.....	Names of	.....	.....	Insurance	20
Insurance \$.....	Lodges	.....	.....	Companies	20
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to.....			(Firm Name of Funeral Directors.)		
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....			days from date. Interest to accrue from		
maturity at the rate of.....% per annum.			.....	
Witness.....			Signed.....		
.....			Address.....		

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

261

Total No. Yearly No. Date of Entry November 29 1950
 Name of Deceased Bernhardine John (What Race) W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence Gen. Del. Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow Edward
 or of Age of Husband or Wife (if living) Years

Charge to: Account in Bank
 Address

Order given by (or informant)

How Secured
 If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Nov. 29, 1950 11:45 A. (Date) (Hour)

Date of Birth May 10, 1868 (Date)

Age 82 6 19 (Years) (Months) (Days)

Date of Funeral Dec. 1 Fri. 9:30 A.M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Germany

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death Cerebral Thrombosis

Contributory Causes Arteriosclerosis

Certifying Physician Ralph W. Rea, M.D. (or Coroner)

His Address Sonoma County Hospital

Name of Father David Wehr

His Birthplace Germany

Maiden Name of Mother Iselle Nessman

Her Birthplace Germany

Motor } Remains to
 Ship }

Size of Casket #80 A Cripe Steel (State Color and Number)

Manufactured by Golden State C. Co.

Cemetery Catholic Cemetery Sonoma

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays)	\$ 200.00
Casket	
Burial Vault or Box	15.00
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	
Suit or Dress 10.00	10.00
Slippers, \$	
Hose, \$	
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	100.00
Door Spray, \$	
Gloves, \$	15.00
Funeral Car, \$	
Ambulance, \$	10.00
Limousines to Cemetery @ \$	12.50
Extra Limousines @ \$	
Autos to R. R. Station @ \$	3.75
Getting Remains from	
Taking Remains to	
Trip to Coroner's Inquest	
Delivering Box to	
Deliver Flowers to	
Removal Charges	
Procuring Burial Permit	
Certif. Copies of Death Certificates No.	
Pall Bearer Service, \$	
Use of Chapel, \$	
Gross Total for Sales Tax	\$
Outlay for Lot	
Cremation	
Flowers, \$	
Palms, \$	
Matting, \$	
Rental of Tent, \$	
of Temporary Vault, \$	
Opening of Grave or Tomb	25.00
Lining Grave, \$	
Lowering Device, \$	
Outlay for Shipping Charges	
Clergyman, \$	
Singers, \$	
Organist, \$	
Railroad or Motor Tickets, \$	
Aero-plane Service, \$	
Telegr., Phone, Cable or Radio Charges	
Cash Advanced	15.00
Out of town Undertaker's Charges	
Personal Service	
line Death Notices in	
Papers	
(Names of Newspapers)	2.61
Sales Tax	3.45
Total Footing of Bill	\$ 272.36
Less <u>to 11.57</u>	\$ 11.57
Balance	\$ 260.79
Entered into Ledger, page	or below <u>use</u>

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
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	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... December 5 1950

Name of Deceased... Frank Frederick Wedekind (What Race) W

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Rt 2 Box 261 Sonoma ☐ Husband ☐ Wife ☐ Widow Agusta

Charge to... Mrs. Agusta Wedekind or... of... Age of Husband or Wife (if living)..... Years

Address... Above

Order given by..... (or informant)

How Secured:.....

If Veteran, State War... No

Occupation... Dr. J. Surgical Appliances (Social Security Number) self

Employer and Address.....

Date of Death... Dec. 5, 1950 8:20 A. (Date) (Hour)

Date of Birth... June 2, 1876 (Date) (Hour)

Age... 74 6 3 (Years) (Months) (Days)

Date of Funeral... Dec 7, Thurs 11:00 A. (Date) (Day of Week) (Hour)

Services at... Chapel

Complete Funeral (except outlays)..... \$ 323

Casket.....

Burial Vault or Box..... (State Kind)

Embalming Body..... (Name of Embalmer)

Barber, \$..... Hair Dressing, \$..... 161.50

Dressing Body, \$..... Underwear, \$..... 4.84

Suit or Dress..... (State Kind and Color)

Slippers, \$..... Hose, \$.....

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$.....

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery..... @ \$.....

Extra Limousines..... @ \$.....

Autos to R. R. Station..... @ \$.....

Getting Remains from.....

FORM 184 - 5-50 - 5M



OFFICIAL RECEIPT OF Cypress Lawn Memorial Park

COLMA 25, CALIFORNIA
TELEPHONE PLAZA 5-0580

P 8073

DATE 12/7/50THE SUM OF Sixty twoDOLLARS \$ 62.00

AS PAYMENT ON

NO.

DIV.
LOT
TIER

SECTION

REMARKS:

Cremation - Frank Wedekind - County tax

RECEIVED FROM:

Bates & Evans
Funeral Dir.
Sonoma, Calif.

CASH		MONEY ORDER		MAIL	
CHECK	<u>90.25</u>			AT OFFICE	
	<u>12.11</u>			COLLECTOR	

THE CYPRESS LAWN CEMETERY ASSOCIATION

BY L. Rigdon

BALANCE

\$ in full

Motor Ship } Remains to

Size of Casket # 95 H. Silver Wae. H.P.

(State Color and Number)

Manufactured by Soldier State Casket Co.Cemetery } Cypress Lawn Crematorium

Crematory }

Lot No.

Grave No.

Section No.

Block No.

Owner

Out of town character of service FuneralPersonal Service Music, songs, Castanetsline Death Notices in Papers(Names of Newspapers) San Mateo Examiner

Sales Tax

Total Footing of Bill \$ 413.36Less 16.15 \$ 30 daysBalance \$ 397.21

Entered into Ledger, page..... or below.

WEDEKIND-In Sonoma, Calif., December 5, 1950, Frank F. Wedekind, dearly beloved husband of Mrs. Agusta, beloved father of Frank Wedekind Jr., Warren Wedekind and Mrs. Eva Davidson, loving brother of Miss Agnes Wedekind, adored grandfather of Mrs. Harold Oberhaus, Betty Davidson, Warren Jr., and Bonnie Jean Wedekind, Joanne Marie, Francine Jeanne, and Janet Patricia Wedekind, idolized great-grandfather of Thomas and Michael Oberhaus; a native of California, aged 74 years. A member of Presidio Lodge No. 354, F. & A. M. Friends are respectfully invited to attend the funeral services Thursday, December 7, at 11 a. m., from the chapel of Bates & Evans, Sonoma, Calif. Interment services Thursday 1:30 p. m., at the chapel of Cypress Lawn Crematorium, San Mateo Co.

Dec. 12, 1950. Statement

Insurance \$..... Names of Lodges.....

Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Address.....

Witness.....

PHILLIPS
1950, W
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Glen E
B. Phil
Betty E
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City at
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Interm
Rosary
8 o'clo

[illegible]

Witness..... Address.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry December 5 1950

Name of Deceased Frank Frederick Wedekind W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Rt 2 Box 261 Sonoma ☐ Husband ☐ Wife ☐ Widow Agusta
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Agusta Wedekind

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Dr. J. Surgical Appliances W
 (Social Security Number)

Employer and Address Self

Date of Death Dec. 5, 1950 8:20 A.
 (Date) (Hour)

Date of Birth June 2, 1876
 (Date) (Hour)

Age 74 6 3
 (Years) (Months) (Days)

Date of Funeral Dec. 7, Thurs. 11 A. M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Temple Lodge #14- F.V.O.M.
 (Address)

Religion of the Deceased

Burialplace Santa Barbara, Calif.

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D.
 (or Coroner)

Place of Birth Sonoma, Calif.

Name of Father Frank Wedekind

Place of Birth Germany

Maiden Name of Mother

Place of Birth Germany

Motor Ship } Remains to

Size of Casket # 95 H. Silver Oak H.P.
 (State Color and Number)

Manufactured by Soldier State Casket Co.

Cemetery Cypress Lawn Crematorium

Crematory

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 16.50

Dressing Body, \$ Underwear, \$ 4.00

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges San Mateo Co. 2.00

Procuring Burial Permit San Mateo Co.
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$ 60.00

Cremation \$ 60.00

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Mrs. Mary G. Castaneda
Temple Lodge 7.50

Line Death Notices in Papers 3.61

(Names of Newspapers)

Sales Tax 4.00

Total Footing of Bill \$ 413.36

Less 16.15 @ 30 days \$ 16.15

Balance \$ 397.21

Entered into Ledger, page or below.

WEDEKIND—In Sonoma, Calif., December 5, 1950, Frank F. Wedekind, dearly beloved husband of Mrs. Agusta, beloved father of Frank Wedekind Jr., Warren Wedekind and Mrs. Eva Davidson, loving brother of Miss Agnes Wedekind, adored grandfather of Mrs. Harold Oberhaus, Betty Davidson, Warren Jr., and Bonnie Jean Wedekind, Joanne Marie, Francine Jeanne, and Janet Patricia, Wedekind, idolized great-grandfather of Thomas and Michael Oberhaus; a native of California, aged 74 years. A member of Presidio Lodge No. 354, F. & A. M. Friends are respectfully invited to attend the funeral services Thursday, December 7, at 11 a. m., from the chapel of Bates & Evans, Sonoma, Calif. Interment services Thursday, 1:30 p. m., at the chapel of Cypress Lawn Crematorium, San Mateo, Calif.

Dec. 12, 1950, Statement

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

263

Date		Amount Paid	Balance	Date	Amount Paid	Balance
Dec 12 1950 Statement						
PHILLIPS —in Santa Rosa, Calif., Dec. 6, 1950, William Beahr Phillips, dearly beloved husband of Mrs. Lucy Phillips of Glen Ellen, beloved father of William B. Phillips Jr., of Glen Ellen and Mrs. Betty Biersach of San Francisco, loving brother of Major and Letcher Phillips of San Francisco, Dr. Charles Phillips of Fresno and John J. Phillips of Temple City and the late Harold James and Sidney Phillips and Mrs. May McSharry; a native of Kentucky, aged 74 years; a member of Holy Name Society, Star of the Sea Church, San Francisco. Friends are respectfully invited to attend the funeral services Saturday, December 9 at 9:45 a. m. from the chapel of Bates & Evans, Sonoma, Calif., thence to St. Francis' Church, where a Requiem Mass will be offered for the repose of his soul commencing at 10 a. m. Interment, Catholic Cemetery, Sonoma. Rosary will be recited Friday evening at 8 o'clock.		To Balance	\$.		To Balance Forward	\$.
		ment	\$.		By Payment	\$.
		"	\$.		<i>Jan 5, 1951</i>	<i>597.85</i>
		"	\$.		<i>In full</i>	
		"	\$.		" "	
		"	\$.		" "	
		"	\$.		" "	
		"	\$.		" "	
		"	\$.		" "	
		"	\$.		" "	

Insurance \$.....	Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to	(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within	days from date. Interest to accrue from maturity at the rate of% per annum.
Signed	Address
Witness	

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry ... December 17, 19...

Name of Deceased Marie Russell (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Box 193 Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow } Hamilton
or of } Age of Husband or Wife (if living) Years

Charge to Glen Searges

Address Box 193 Sonoma

Order given by (or informant)

How Secured : :

If Veteran, State War no

Occupation at home no (Social Security Number)

Employer and Address

Date of Death Dec 11 1951 11-11-51

Complete Funeral (except outlays)	\$ 220 -
Casket	
Burial Vault or Box	15 -
Embalming Body	
(Name of Embalmer)	
Barber, \$.....	Hair Dressing, \$.....
Dressing Body, \$.....	Underwear, \$.....
Suit or Dress	
(State Kind and Color)	
Slippers, \$.....	Hose, \$.....
	\$.....

Date of Death 11-11-1958

No. December 17 1958

RECEIVED OF Gates & Evans

100 DOLLARS

1 set Rosary Beads

\$ Mrs. A. Georges

and District)
 sNo. _____
 or Coroner's)
 Chapel, \$..

Certifying Physician Michael M. Inkata M.D.
(or Coroner)
His Address Boyce Springs
Name of Father Valentine Haus
His Birthplace Germany
Maiden Name of Mother Cecelia Ruhlma
Her Birthplace Germany
Motor Ship } Remains to
Size of Casket 9405 - Coa Grey Doe
(State Color and Number)
Manufactured by S. F. Casket Co.
Cemetery } Int Cem. Sonoma
Crematory }

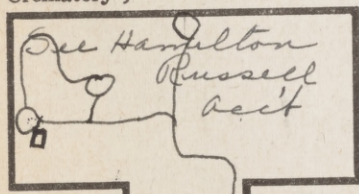


Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner

Outlay for Lot.....		
Cremation.....		
Flowers, \$.....	Palms, \$.....	Matting, \$.....
Rental of Tent, \$.....	of Temporary Vault, \$.....	
Opening of Grave or Tomb.....		55 00
Lining Grave, \$.....	Lowering Device, \$.....	
Outlay for Shipping Charges.....		
Clergyman, \$.....	Singers, \$.....	Organist, \$.....
Railroad } Tickets, \$.....	Aero- plane Service, \$.....	
or Motor }		
Telegr., Phone, Cable or Radio Charges.....		
Cash Advanced.....	Mass	15 00
Out of town Undertaker's Charges.....		
Personal Service.....		
Valley Review		no chg.
line Death Notices in.....	Papers.....	
Examiner		7 60
(Names of Newspapers)		2 00
Register		3 61
Tribe		3 75
Sales Tax.....		
Total Footing of Bill.....	\$	326 96
Less 11.75 - 30 days	\$	11 75
Balance.....	\$	315 21
Entered into Ledger, page.....	or below.	

Date		Amount Paid	Balance	Date		Amount Paid	Balance
SIZE	6/3	No.	9405- Slip cap	Cov.	Gray Doe	To Balance Forward	\$.....
DESCRIPTION:	Lined Sunray Rd.pillow					By Payment	\$315 21
HANDLES:	382- Hdls					" 1951	\$.....
	Dec 16, 1950 - Statement to Mrs. Westerberg					" " "	\$.....
	" "	\$.....	\$.....			" " "	\$.....
	" "	\$.....	\$.....			" " "	\$.....
	" "	\$.....	\$.....			" " "	\$.....
	" "	\$.....	\$.....			" " "	\$.....

RUSSELL—In Santa Rosa, Cal., December 11, 1950. Anna Marie Russell, wife of the late Hamilton Russell, dearly beloved mother of Paul James of San Francisco, Mrs. Cecelia Westenberg Valentine, Cisco, Miss Cecelia Gorges, Mrs. W. B. Madson, Albert Gorges and the late Mrs. Mary Alice Wood; a native of Germany, aged 78 years.

Funeral services respectfully invited to attend at 9:15 a. m. Thursday, December 14, at the Chapel of Bates & Evans, South Gate, Cal.; thence to St. Francis Church where a Requiem Mass will be offered for the repose of her soul commencing at 9:30 a. m. Interment Rosary Mountain Cemetery, Sonoma. Burial will be held Wednesday evening at 8 o'clock.

if Insurance
 Companies
 hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)
 covenant and agree to pay the same within days from date. Interest to accrue from
 sum. Signed
 Address

[illegible]

Compiled by F. J. FEINEMAN. St. Louis, Mo.

265

Diagram of Lot or Vault

HANDLES: Eggshell Sr. B & Bp & Corners
7300-6x2-Spt & Nt .Hdls

Jan 8, 1951 Statement Names of
Insurance \$..... Lodges.....

maturity at the rate of.....% per annum.

Compiled by F. J. FEIN

Date	Amount Paid	Balance
		5-06 43

	Amount Paid	Balance
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[illegible]

To Balance Forward.....			\$	
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By Payment.....	\$.....	\$.....
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[illegible]Insurance
Companies

Companies.....
generally available to

(Firm Name of Funeral Directors.)

.....days from date. Interest to accrue from

.....

.....

No. _____

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec 14, 1950

Name of Deceased Gilbert Newton Kinne
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 230 N. Alvarado St. L.A. ☐ Husband ☐ Wife ☐ Widow } unc
 or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Blancher Rambo Chapel, Hearse & Service chg.

Address Sanoma, Calif.

Order given by
 (or informant)

How Secured:

If Veteran, State War no

Occupation Driver Express Co. 714-10-1545
 (Social Security Number)

Employer and Address

Date of Death Dec. 14, 1950 7:55 P.
 (Date) (Hour)

Date of Birth Dec. 23, 1893

Age 56 11 21
 (Years) (Months) (Days)

Date of Funeral Dec. 22, Fri 3 P. M.
 (Date) (Day of Week) (Hour)

Services at Graveside

Clergyman Rev. Jesters Bayes Springs
 (Address)

Religion of the Deceased Assembly of God

Birthplace Mississippi

Resided in the State
 (or U.S. or City or County) (Years) (Months)

Place of Death Los Angeles

Cause of Death Heart attack

Contributory Causes multiple injuries
auto - accident

Certifying Physician Ben H. Brown Coroner
 (or Coroner)

His Address Hall of Justice - L.A.

Name of Father Seely D. Kinne

His Birthplace N.Y.

Maiden Name of Mother Kathel Linda Post

Her Birthplace N.Y.

Motor Ship } Remains to Shipped in train
Little McKinley L.A.

Size of Casket
 (State Color and Number)

Manufactured by
 Cemetery } mt. Cem. Sanoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$..... Hair Dressing, \$.....
 Dressing Body, \$..... Underwear, \$.....
 Suit or Dress
 Slippers, \$..... Hose, \$.....
 Folding Chairs, \$..... Tarpaulin, \$.....
 Candelabrum, \$..... Candles, \$.....
 Door Spray, \$..... Gloves, \$.....
 Funeral Car, \$..... Ambulance, \$.....
 Limousines to Cemetery @ \$.....
 Extra Limousines @ \$.....
 Autos to R. R. Station @ \$.....
 Getting Remains from
 Taking Remains to Grave marker 3.50
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges from S. 7 25.00
 Procuring Burial Permit 5.00
 _____ Certif. Copies of Death Certificates No.
 (State Number and District) (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax \$.....
 Outlay for Lot Cemetery equipment 5.00
 Cremation
 Flowers, \$..... Palms, \$..... Matting, \$.....
 Rental of Tent, \$..... of Temporary Vault, \$.....
 Opening of Grave or Tomb 55.00
 Lining Grave, \$..... Lowering Device, \$.....
 Outlay for Shipping Charges
 Clergyman, \$..... Singers, \$..... Organist, \$.....
 Railroad } Tickets, \$..... Aero-
 or Motor } plane Service, \$.....
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Rev. Jesters - Graveside 5.00
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax on marker 11
 Total Footing of Bill \$ 123 61
 Less \$
 Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 8, 1951	Statement To Above Balance			To Balance Forward	
	By Payment		Jan 27, 51	By Payment	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
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Insurance \$..... Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... Dec 20 1950

Name of Deceased Wendell W. Phillips W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 1 Box 550 B Sonoma ☐ Husband ☐ Wife ☐ Widow Eunice
 or of Age of Husband or Wife (if living) Years

Charge to: Mrs. Eunice Phillips

Address: above

Order given by (or informant)

How Secured:

If Veteran, State War No

Occupation Lumber mills (Social Security Number)

Employer and Address

Date of Death Dec 20, 1950 12 noon
 (Date) (Hour)

Date of Birth Feb 10, 1884
 (Date) (Day of Week) (Hour)

Age 66 10 10
 (Years) (Months) (Days)

Date of Funeral Dec 23 - Sat 2 P. M.
 (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: Rev. Christian (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital (State Physician's or Coroner's)

Cause of Death Acute Rt. Ventricular failure

Contributory Causes Pneumonia

Certifying Physician James Luke M.D. (or Coroner)

His Address Sonoma Co. Hospital

Name of Father Harold Enos Phillips

His Birthplace unk

Maiden Name of Mother


Her Birthplace

Motor } Remains to
 Ship }

Size of Casket # 954 H.P. Grey Oak
 (State Color and Number)

Manufactured by Golden State Casket

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault 

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 30.8

Casket \$ 15.00

Burial Vault or Box (State Kind) \$ 15.00

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 1.54

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$ 1.69

Door Spray, \$ Gloves, \$ 5.07

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges \$ 5.00

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No.

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 55.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Music - Bunbar - Oliver \$ 7.50

line Death Notices in Papers

Minster, the (Names of Newspapers)

Index Tribune \$ 3.61

Sales Tax \$ 5.07

Total Footing of Bill \$ 399.18

Less \$ 16.18

Balance \$ 383.00

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$	<u>Dec 22, 50</u>	<u>In full</u>	<u>383.00</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec 20 1950

Name of Deceased Maud E. Base W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 2491 - 43rd Ave. S. 7 Frederick
☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Walter Lord

Address: 2488 Casa Way Walnut Creek

Order given by: Phone 5564
 (or informant)

How Secured:

If Veteran, State War no

Occupation: Housewife no
 (Social Security Number)

Employer and Address

Date of Death Dec 20, 1950 4:05 P.
 (Date) (Hour)

Date of Birth: Sept 14, 1873
 (Date)

Age: 77 3 6
 (Years) (Months) (Days)

Date of Funeral Dec 26, Tue 3:30 P. M.
 (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: Rev Terrell
 (Address)

Religion of the Deceased

Birthplace: San Francisco

Resided in the State

(or U. S. or City or County) (Years) (Months)

Place of Death: Napa State Hospital

Cause of Death: Exhaustion

Contributory Causes: Senility

Senile Psychosis, Simple deterioration

Certifying Physician: R. S. Road on W.
 (or Coroner)

His Address: Imola, Calif

Name of Father: Edwin Lord

His Birthplace: N. Y.

Maiden Name of Mother: Mathe

Her Birthplace: Penn

Motor } Remains to
 Ship }

Size of Casket: Flat top, square trough
 (State Color and Number)

Manufactured by: Golden State Casket Co.

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 145

Casket

Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District) 5.00

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb 6.00

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev Terrell 5.00

line Death Notices in Papers

(Names of Newspapers)

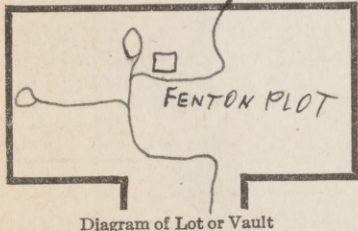
Sales Tax 2.63

Total Footing of Bill \$ 232.63

Less

Balance

Entered into Ledger, page or below.



Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	Dec 26, 50	232.63	\$
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"	\$	\$	"	"	\$
"	\$	\$	"	"	\$
"	\$	\$	"	"	\$
"	\$	\$	"	"	\$
"	\$	\$	"	"	\$
"	\$	\$	"	"	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec 20 1950

Name of Deceased Maud E. Base W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 2491 - 43rd Ave. S. 7 Frederick
☐ Husband ☐ Wife ☐ Widow or of Age of Husband or Wife (if living) Years

Charge to: Walter Lord

Address: 2488 Casa Way Walnut Creek

Order given by: Phone 5564
 (or informant)

How Secured:

If Veteran, State War no

Occupation: Housewife no
 (Social Security Number)

Employer and Address

Date of Death Dec 20, 1950 4:05 P.
 (Date) (Hour)

Date of Birth: Sept 14, 1873
 (Date) (Month) (Day)

Age: 77 3 6
 (Years) (Months) (Days)

Date of Funeral Dec 26, Tue 3:30 P. M.
 (Date) (Day of Week) (Hour)

Services at: Graveside

Clergyman: Rev. Terrell
 (Address)

Religion of the Deceased

Birthplace: San Francisco

Resided in the State:
 (or U. S. or City or County) (Years) (Months)

Place of Death: Napa State Hospital

Cause of Death: Cystitis

Contributory Causes: Senility
Senile Psychosis, Simple deterioration

Certifying Physician: R. S. Road on W.
 (or Coroner)

His Address: Sanola, Calif

Name of Father: Edwin Lord

His Birthplace: N. Y.

Maiden Name of Mother: Mathe

Her Birthplace: Penn

Motor } Remains to
 Ship }

Size of Casket: Flat top, square trough
 (State Color and Number)

Manufactured by: Golden State Casket Co.

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 145 -
 Casket
 Burial Vault or Box \$ 15 -
 Embalming Body
 (State Kind) (Name of Embalmer)
 Barber, \$
 Dressing Body, \$
 Suit or Dress
 Slippers, \$
 Folding Chairs, \$
 Candelabrum, \$
 Door Spray, \$
 Funeral Car, \$
 Limousines to Cer
 Extra Limousines
 Autos to R. R. Sta
 Getting Remains f
 Taking Remains to
 Trip to Coroner's I
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Pe
 Certif. Copies of D
 Pall Bearer Service, \$
 Gross Total for Sales
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms
 Rental of Tent, \$
 Opening of Grave or
 Lining Grave, \$
 Outlay for Shipping C
 Clergyman, \$ Sing
 Railroad } Tickets, \$
 or Motor }
 Telegr., Phone, Cable or
 Cash Advanced
 Out of town Undertake
 Personal Service
 line Death Notices
 (Names of No
 Sales Tax
 Total Footing of Bill
 Less
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	Dec 26, 50	232.63	\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$
" "	\$	\$	" "		\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Dec 28 1950
 Name of Deceased Celestin Andrieux
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Pt 2 Box 295 Sonoma ☐ Husband ☐ Wife ☐ Widow } Mary
 or of } Age of Husband or Wife (if living) Years
 Charge to Mrs. Adele Andrieux
 Address Sonoma
 Order given by (or informant)
 How Secured :
 If Veteran, State War no
 Occupation Rancher (Social Security Number) no
 Employer and Address
 Date of Death Dec 28, 1950 - 8:25 P
 (Date) (Hour)

Complete Funeral (except outlays) \$ 323
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
161.50
4.84

Phone Santa Rosa 6-R
 Box 524



Redwood Highway
 at Hearn Avenue

Chapel of the Chimes

No 9504

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M BATES EVANS Santa Rosa, California DEC 30 1950
SONOMA CALIFORNIA
 Crematorium Services For CELESTIN ANDRIEUX 45.00
 Memorial Section
 --including endowment fund deposit--
 Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice } Each Week, from to
 { Once }
 { Rental } from to Engraving Permit
 { Care } Total 50
45.50
 Credits
 Received FORTY FIVE AND 50/100 Dollars 45.50
 Check No. 90-754 Record No. 4210
 Present Balance
 CALIFORNIA CREMATORIUM
 Per J. E. Brothers

Motor } Remains to
 Ship }
 Size of Casket 9.5 H. Grey Oak
 (State Color and Number)
 Manufactured by Solden State Casket Co.
 Cemetery } Chapel of the Chimes
 Crematory } Ashes



Lot No.
 Grave No.
 Section No.
 Block No.
 Owner Directly East of Rhode Plot

Out of town Undertaker's Charges
 Personal Service
10.00
 Line Death Notices in Papers
3.61
 (Names of Newspapers)
 Sales Tax 4.85
 Total Footing of Bill \$ 386.96
 Less 16.15 - 30 days \$ 16.15
 Balance \$ 370.81
 Entered into Ledger, page or below.

ANDRIEUX - In Santa Rosa, Dec. 29, 1950, Celestin Andrieux, dearly beloved husband of Mrs. Mary Andrieux of Sonoma, beloved father of Mrs. Elizabeth Collier, Mrs. Gloria Collier, Henry, Alfred and Celestin Andrieux Jr. and the late Matthew Andrieux, brother of Emile, Joseph and Adele Andrieux, Mrs. Fred Batto, Mrs. Elizabeth MacDevitt and Mrs. W. E. Suck, a native of Sonoma, aged 65 years.
 Friends are invited to attend the funeral services, Saturday, Dec. 30, at 2 p. m., from the Chapel of Bates & Evans, Sonoma, Calif. Inurnment Chapel of the Chimes, Santa Rosa.

Amount Paid	Balance	Date	Amount Paid	Balance
<u>16 lines @ 40c</u>	<u>\$ 6.40</u>		To Balance Forward	
<u>Ch 7 50 75</u>	<u>\$ 7.90</u>		By Payment	
		<u>Dec 30, 50</u>	<u>Mrs Collier</u>	<u>\$ 3.00</u>
		<u>Jan 5 51</u>	<u>In full</u>	
			<u>W Mrs Collier</u>	<u>70.81</u>
			" "	
			" "	
			" "	
			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

271

Total No. Yearly No. Date of Entry Dec 30 1950

Name of Deceased Charles S. Wells W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Buena Vista Ave. Fellers Springs ☐ Husband ☐ Wife ☐ Widow Rose Jane
 or of Age of Husband or Wife (if living) Years

Charge to: Miss Jullie Shisla

Address: 207, Dough St. San Francisco

Order given by: Electrix - herself
 (or informant)

How Secured:

If Veteran, State War U.S. Navy

Occupation Chief Store Keeper (Social Security Number) no

Employer and Address U.S. Government

Date of Death Dec. 30, 1950 (Date) (Hour)

Date of Birth April 3, 1883 (Date) (Hour)

Age 67 (Years) (Months) (Days)

Date of Funeral Jan 2 Tue 1 P. M. (Date) (Day of Week) (Hour)

Services at: Chapel

Clergyman: Veteran's - Soram (Address)

Religion of the Deceased

Birthplace Brooklyn, N. Y.

Resided in the State U.S. (or U. S. or City or County) (Years) (Months)

Place of Death Veteran's Home, Fellers Springs (State Number and District)

Cause of Death Pulmonary Edema Certif. Copies of Death Certificate No. (State Physician's or Coroner's)

Contributory Causes Myocarditis, Chronic

Certifying Physician Wm. K. Murphy M.D. (or Coroner)

His Address Veteran's Home, Fellers Springs

Name of Father J. Wells

His Birthplace unk

Maiden Name of Mother Lillian Brandt

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket 9.5 H. Oaklyn Silver (State Color and Number)

Manufactured by Golden State Basket

Cemetery } Golden State National
 Crematory }

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 323 -

Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress shirt 2.50 1st 4.08 2 58
 (State Kind and Color)
 Slippers, \$ Hose, \$ underwear 1 55
 Folding Chairs, \$ Tarpaulin, \$ 1.50
 Candelabrum, \$ Candles, \$ 24
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$ 16.150
 Extra Limousines @ \$ 4 -
 Autos to R. R. Station @ \$ 16.500
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificate No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 4.85
 Total Footing of Bill \$ 331.98
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 2, 1951	To Above Balance			To Balance Forward	
Jan 8, 1951	Filed with Govt			By Payment	
Jan 19, 1951	whole for Attorney name		Feb 6, 1951	Government	\$ 1.50 -
Feb 13, 1951	Filed with attorney above		April 4, 53	Joseph E. Seaco	\$ 181.98
Aug 22, 51	Letter -			In full	
Jan 22, 1952	Letter -			"	
Mar. 27, 53	Letter -			"	
	"			"	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed
 Address

Witness
 Address

Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry... Dec 28 19 50Name of Deceased Celestin Andrieux (What Race) W☐ Married ☐ Single ☐ Widowed ☐ DivorcedResidence Rt. 2 Box 295 Sonoma ☐ Husband ☐ Wife ☐ Widow Mary or of Age of Husband or Wife (if living) YearsCharge to Mrs. Adele AndrieuxAddress Sonoma

Order given by (or informant)

How Secured:

If Veteran, State War noOccupation Rancher (Social Security Number) no

Employer and Address

Date of Death Dec 28, 1950 - 8:25 P. (Date) (Hour)Birth May 19, 1885 (Years) (Months) (Days)Funeral Dec 30 Sat 2 P. M. (Date) (Day of Week) (Hour)at Chapel (Address)

an: (Address)

of the Deceased

in the State Sonoma Co. Hospital (or U. S. or City or County) (Years) (Months)Death Sonoma Co. Hospital (State Number and District)

Death: (State Physician's or Coroner's)

ory Causes Clear Cell CarcinomaMetastatic - PremiaPhysician Benedict Newton (or Coroner)ss Sonoma Co. Hospitalfather Celestin Andrieuxlace Franceme of Mother Louisa Richardslace CalifMotor } Remains to
Ship }Size of Casket 15 H Grey Oak (State Color and Number)Manufactured by Golden State Casket Co.Cemetery } Chapel of the Chimes
Crematory }Lot No. 29

Grave No.

Section No.

Block No.

Entered into Ledger, page or below.

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 16.50

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$ 4.85

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificates No.

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot: 45.50

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Line Death Notices in Papers 10.00(Names of Newspapers) 3.61Sales Tax 4.85Total Footing of Bill \$ 386.96Less 16.15 - 30 days! \$ 16.15Balance \$ 370.81

Entered into Ledger, page or below.

Insurance \$ Names of Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

271

Total No. Yearly No. Date of Entry Dec 30 1950

Name of Deceased Charles S. Wells (What Race) W.

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Buena Vista Ave. Fitters Springs ☐ Husband ☐ Wife ☐ Widow Rose Jane

Charge to Miss Julie Shisler or Age of Husband or Wife (if living) Years

Address 207 7th St. San Francisco

Order given by Executive - herself (or informant)

How Secured

If Veteran, State War U.S. Navy

Occupation Chief Storekeeper (Social Security Number) no

Employer and Address U.S. Government

Date of Death Dec 30 1950 (Date) (Hour)

Date of Birth April 3 1883 (Date) (Hour)

Age 67 (Years) (Months) (Days)

Date of Funeral Jan 2 Sun 1951 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Veterans Home (Address)

Religion of the Deceased

Birthplace Brooklyn, N.Y.

Resided in the State Calif. (or U.S. or City or County) (Years) (Months)

Place of Death Veterans Home, San Francisco

Cause of Death Pulmonary Edema

Contributory Causes Myocarditis, Chronic

Certifying Physician Wm R. Murphy M.D. (or Coroner)

His Address Veterans Home, San Francisco

Name of Father J. Wells

His Birthplace unk

Maiden Name of Mother Lillian Brandt

Her Birthplace

Motor } Remains to

Ship }

Size of Casket 15 H. Doeklin Silver (State Color and Number)

Manufactured by Golden State Casket

Cemetery } Golden State National

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 323 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress short 2.50 hat 0.8 (State Kind and Color) 2.58

Slippers, \$ Hose, \$ 1.55

Folding Chairs, \$ Tarpaulin, \$ 1.50

Candelabrum, \$ Candles, \$ 1.50

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$ 16.15

Extra Limousines @ \$ 4

Autos to R. R. Station @ \$ 16.50

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers

(Names of Newspapers)

Sales Tax 4.85

Total Footing of Bill \$ 331.98

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 2, 1951	To Above Balance			To Balance Forward	
Jan 8, 1951	Filed with Son's name			By Payment	
Jan 19, 1951	whole for attorney's name		Feb 6, 1951	" Government	\$ 1.50
Feb 13, 1951	Filed with attorney above		April 14, 1951	Joseph E. Deane	\$ 181.98
Aug 22, 1951	Letter -			In "file"	
Jan 22, 1952	Letter -			"	
Mar 27, 1953	Letter -			"	
"	"			"	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 1 1951
 Name of Deceased Lena Olsen
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Cherryvale, Sonoma Blvd. ☐ Husband ☐ Wife ☐ Widow } None
 or of } Age of Husband or Wife (if living) Years
 Charge to Erma Harrison
 Address 25 Parnassus Ave S.F.
 Order given by Edward J. Kopard
 How Secured Bank & Ambulance Bldg. S.F.
 If Veteran, State War no 342
 Occupation At Home no
 Employer and Address (Social Security Number)

Complete Funeral (except outlays) \$ 323.00
 Casket
 Burial Vault or Box
 Embalming Body
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress 16.00 204.48 16.48
 (State Kind and Color)

INVOICE

Woodlawn Memorial Park

(NON SECTARIAN)
 MASONIC CEMETERY ASSOCIATION
 946 PHELAN BUILDING
 SAN FRANCISCO 2, CALIFORNIA
 GARFIELD 1-3704

ORDER NO. S 4756

January 4, 1951

N^o 4865

Bates & Evans
 Sonoma, California

1 Grave #16, Tier C, Section G(A) \$ 125.00
 1 Interment and Recording Fee 60.00
 1 Concrete Vault 75.00
 Sales Tax 2.25

\$ 262.25
262.25

1/4/51 Paid in full

"LENA OLSEN"

Certificate to: Mrs. Erma Harrison
 25 Parnassus Street
 San Francisco, California

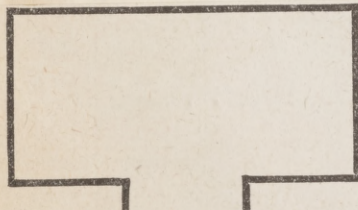


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Sales Tax

Total Footing of Bill

Less 16.15 (30 days)

Balance

Entered into Ledger, page or below.

SIZE 6/3 No. 9389 Cov. 378

DESCRIPTION: Stephen of Sunray

M B & Bp.

HANDLES: 362-3x0-

Jan 12, 1951 Filed with Attorney

OLSEN—In Sonoma, Calif., January 1, 1951, Lena Olsen, beloved aunt of Mrs. Erma Harrison and Mrs. Inez Roberts of San Francisco; a native of Wisconsin, aged 72 years.

Friends are respectfully invited to at-

Auction Sales

tend the funeral services Thursday, January 4, at 11 a. m., from the chapel of Bates & Evans, Sonoma, Calif. Interment, Woodlawn Cemetery, San Mateo County, Thursday at 1:30 p. m.

Names of
 Lodges

Insurance
 Companies

eral, and I hereby represent that I have sufficient resources Legally available to

, and I hereby covenant and agree to pay the same within

(Firm Name of Funeral Directors.)

days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

273

Total No. Yearly No. Date of Entry January 2 1957

Name of Deceased Helen Atkinson Hewitt W.
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Box 34, Bayes Springs ☐ Husband ☐ Wife ☐ Widow Harry
 or of Age of Husband or Wife (if living) Years

Charge to: Marion Greene Papper

Address: Bayes Springs

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Accountant 397-14-0115
 (Social Security Number)

Employer and Address

Date of Death Jan. 2, 1957 3:10 P.
 (Date) (Hour)

Date of Birth Aug. 26, 1896

Age 54
 (Years) (Months) (Days)

Date of Funeral Jan. 4, 1957 3:30 P.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma
 (Address)

Religion of the Deceased

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 30

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 9525

RECEIVED FROM M

Santa Rosa, California, Jan. 4 1957

Crematorium Services For

Memorial Section

--including endowment fund deposit--

Tier

No.

Urn

Chest

Sales Tax

Flower Service

☐ Twice
☐ Once

Each Week, from

to

{ Rental

{ Care

from

to

Engraving

Permit

Total

Credits

Received

Dollars

Check No.

Record No.

CALIFORNIA CREMATORIUM

Present Balance

per

Diagram of Lot or Vault

Section No.

Block No.

Owner

Less 8.00 30 days

Balance

Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$ <u>199.40</u>	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 1 1951
 Name of Deceased Lena Olsen
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Cherry Ave. & Sonoma Blvd. ☐ Husband ☐ Wife ☐ Widow none
 or of Age of Husband or Wife (if living) Years
 Charge to: Emma Harrison
 Address: 25 Parnassus Ave. S.F.
 Order given by: Attorney Edward J. Roper
 Bank & Amount: Bank of America, Bldg. S.F.
 How Secured: 200.00 against Estate
 If Veteran, State War no 342
 Occupation: At Home (Social Security Number) no
 Employer and Address

Complete Funeral (except outlays) \$ 323.00
 Casket
 Burial Vault or Box
 Embalming Body
 (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress, \$ 16.00 16.48
 (State Kind and Color)

PHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

DATE Jan - 13 1951

Received from the above named firm, Superior Court Claim
 in the amount of \$671.59, which I will file against the
 Estate of Lena Olsen (deceased).

Signed Edward J. Roper

Woodlawn Cem. San Mateo Co. - Funeral Home Funeral Home
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Sales Tax
 Total Footing of Bill \$ 671.59
 Less 16.15 (30 days) \$
 Balance \$
 Entered into Ledger, page or below.

SIZE 6/3 No. 9389 Cov. 378

DESCRIPTION: Stephen of Sunray

M B & Bp.

HANDLES: 362-3x0-

OLSEN--In Sonoma, Calif., January 1
 1951. Lena Olsen, beloved aunt of Mrs.
 Emma Harrison and Mrs. Inez Roberts
 of San Francisco; a native of Wisconsin,
 aged 72 years.
 Friends are respectfully invited to at-

Auction Sales

tend the funeral services Thursday, Jan-
 uary 4, at 11 a. m., from the chapel of
 Bates & Evans, Sonoma, Calif. Inter-
 ment, Woodlawn Cemetery, San Mateo
 County, Thursday at 1:30 p. m.

Names of
Lodges.....Insurance
Companies.....

eral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

maturity at the rate of % per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

273

Total No. Yearly No. Date of Entry January 2 1951

Name of Deceased Selen Alkinson Hewitt W.
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence: Box 34, Bayes Springs ☐ Husband ☐ Wife ☐ Widow Harry
 Charge to: Marion Greene Hopper or of } Age of Husband or Wife (if living) Years

Address: Bayes Springs

Order given by
 (or informant)

How Secured

If Veteran, State War Na

Occupation Accountant 397-14-0115
 (Social Security Number)

Employer and Address

Date of Death Jan 2, 1951 3:10 P.
 (Date) (Hour)

Date of Birth Aug 26, 1896
 (Date) (Month) (Day)

Age 54
 (Years) (Months) (Days)

Date of Funeral Jan 4, 1951 3:30 P.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Buttrum Sonoma
 (Address)

Religion of the Deceased

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box

Embalming Body

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 9525

RECEIVED FROM M Evans, Ernest Santa Rosa, California, Jan 4 1951

Crematorium Services For Sonoma Calif

Memorial Section Selen Alkinson Hewitt

--including endowment fund deposit--

Tier No. 4500

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to

{ Rental } { Care } from to Engraving Permit

Total 4500

Credits

Received Forty-five and no/100 Dollars 4500

Check No. 90-754-3313 Record No. 4216

CALIFORNIA CREMATORIUM

Present Balance 240

per Current 7/100

Section No.

Block No.

Owner.

Diagram of Lot or Vault

Less 8.00 30 days \$ 8

Balance \$ 199.40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance			To Balance Forward		
By Payment			By Payment		
"			"		
"			"		
"			"		
"			"		
"			"		
"			"		
"			"		
"			"		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 1 1951
 Name of Deceased Lena Olsen
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Cherryvale, Sonoma Blvd. ☐ Husband ☐ Wife ☐ Widow ☒ None
 or of Age of Husband or Wife (if living) Years
 Charge to: Emma Harrison
 Address: 25 Parnassus Ave. S.F.
 Order given by: Edward J. Road
 How Secured: Bank of America, Bk. S.F.
 If Veteran, State War No
 Occupation: At Home (Social Security Number) no
 Employer and Address

Complete Funeral (except outlays) \$ 323.00
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ 1.00 Underwear, \$
 Suit or Dress 1.60 1.60 48 1.60 48
 (State Kind and Color)

WOODLAWN MEMORIAL PARK

K OFFICE
 SAN MATEO CO.
 DOLPH 0637
 DOLPH 6588

MASONIC CEMETERY ASSOCIATION
 CITY OFFICE: 946 PHELAN BUILDING
 SAN FRANCISCO, CALIFORNIA
 PHONE GARFIELD 3704

No. 20679Date January 4/51

ed of Jewell R. Evans \$ 264.25
 account of Bates & Evans
Broadway St. Town Sonoma
 Street and Number
Two Hundred Sixty-four & 25/100 Dollars,
5-4756 and 1/4 on "Olsen"

Special Receipt

Signed by

D. Callaway

Cashier

ing Physician Dr. Grant Fletcher
 (or Coroner)
 Press Sonoma

Father

place Sweden

Name of Mother

place

mains to

sket Grey & Co. Cutch
 (State Color and Number)ured by San FranciscoWoodlawn Cem. San Mateo Co.

Cremation Woodlawn Expenses 264.25
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Casket spray 20.00
Music Organ 5.00
 line Death Notices in Papers 10.00
 (Names of Newspapers) Index Tribune 3.61
Examiners 4.40
 Sales Tax 4.85
 Total Footing of Bill \$ 671.59
 Less 16.15 B.O. days \$
 Balance \$
 Entered into Ledger, page or below.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

SIZE 6/3 No. 9389 Cov. 378

DESCRIPTION: Stephen of Sunray

M B & Bp.

HANDLES: 362-3x0-Jan 12, 1951 Filed with Attorney

OLSEN-In Sonoma, Calif., January 1,
 1951, Lena Olsen, beloved aunt of Mrs.
 Emma Harrison and Mrs. Inez Roberts
 of San Francisco; a native of Wisconsin,
 aged 72 years.
 Friends are respectfully invited to at-

Auction Sales

tend the funeral services Thursday, Jan-
 uary 4, at 11 a. m., from the chapel of
 Bates & Evans, Sonoma, Calif. Inter-
 ment, Woodlawn Cemetery, San Mateo
 County, Thursday at 1:30 p. m.

Names of
LodgesInsurance
Companies

eral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

273

Total No. Yearly No. Date of Entry January 2 1951

Name of Deceased Helen Atkinson Hewitt W.
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Box 34 Bayes Springs ☐ Husband ☐ Wife ☐ Widow Harry
 or of Age of Husband or Wife (if living) Years

Charge to Marion Greene Rapp

Address Bayes Springs

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Accountant 397-14-0115
 (Social Security Number)

Employer and Address

Date of Death Jan 2 1951 3:10 9
 (Date) (Hour)

Date of Birth Aug 26 1896
 (Date) (Hour)

Age 54
 (Years) (Months) (Days)

Date of Funeral Jan 4 2 3:30 P.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttrum Sonoma
 (Address)

Religion of the Deceased

Complete Funeral (except outlays) \$ 160 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 9525

RECEIVED FROM M Brown, Ernest Santa Rosa, California Jan 4 1951

Crematorium Services For Sonoma Calif
Helen Atkinson Hewitt

Memorial Section
--including endowment fund deposit--

Tier No.

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to
 { Rental } from to
 { Care } Engraving Permit

Total \$ 45.00

Credits

Received Forty-five and no/100 Dollars 45.00

Check No. 90-754-3313 Record No. 4216

Present Balance
CALIFORNIA CREMATORIUM
per Ernest Brown 240

Section No.
 Block No.
 Owner
 Less 8.00 30 days \$ 8
 Balance \$ 199.40
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance	\$		To Balance Forward	\$	
By Payment	\$		By Payment	\$ <u>199.40</u>	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	
"	\$		"	\$	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 1 1951

Name of Deceased Lena Olsen
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Cherryvale, Sonoma Blvd.
 or of Age of Husband or Wife (if living) Years

Charge to: Emma Harrison

Address: 25 Parnassus Ave

Order given by: Edward J. Kopp

How Secured: Bank & American Bond

If Veteran, State War no

Occupation: At Home (Social Security Number)

Employer and Address

Date of Death: Jan 1, 1951 (Date) 10:15 P. (Hour)

Date of Birth: June 13 (Date) 72 (Years) 6 (Months) 18 (Days)

Funeral: Thurs. Jan. 4 (Date) 11:15 A. (Hour)

at: Chapel (Address)

Place of the Deceased: Blaird, Wisconsin (or U. S. or City or County) (Years) (Months)

Death: Home Community Hospital

Primary Causes:

Attending Physician: Dr. Grant Fletcher (or Coroner)

Place of Residence: Sonoma

Place of Birth: Sweden

Name of Mother:

Place of Birth:

Remains to: Gray & Cough (State Color and Number)

Interred by: San Francisco Cemetery Co.

Lot No. Grave No. Section No. Block No. Owner: Woodlawn Cem. San Mateo Co.

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 323.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress, \$ 16.00 16.00 48.00 16.48
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges to Woodlawn Cem. 20.00
 Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax opening 60 1.25 1.25
 Outlay for Lot: 2.00 2.00
 Cremation Woodlawn Expenses 2.64 2.5
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Casket spray 2.00 0.00
Music Organ 5.00
 Line Death Notices in Rapers 10.00
 (Names of Newspapers) San Francisco 3.61
San Mateo 4.40
Examiner 4.85

Sales Tax
 Total Footing of Bill \$ 671.59
 Less 16.15 2.00 days
 Balance \$
 Entered into Ledger, page or below.

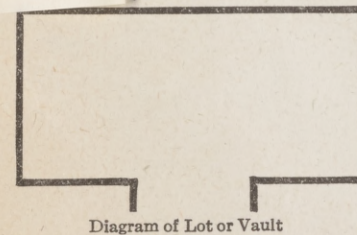


Diagram of Lot or Vault

SIZE 6/3 No. 9389 Cov. 378

DESCRIPTION: Stephen of Sunray

M B & Bp.

HANDLES: 362-3x0-

Jan 12, 1951 Filed with Attorney

OLSEN—In Sonoma, Calif., January 1, 1951, Lena Olsen, beloved aunt of Mrs. Emma Harrison and Mrs. Inez Roberts of San Francisco; a native of Wisconsin, aged 72 years. Friends are respectfully invited to at-

Auction Sales

tend the funeral services Thursday, January 4, at 11 a. m., from the chapel of Bates & Evans, Sonoma, Calif. Interment, Woodlawn Cemetery, San Mateo County, Thursday at 1:30 p. m.

Names of Lodges

Insurance Companies

and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

273

Total No. Yearly No. Date of Entry January 2, 1951
 Name of Deceased Helen Atkinson Hewitt
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)
 Residence Box 34, Bayes Springs ☐ Husband ☐ Wife ☐ Widow Harry
 Charge to Marion Greene Rapp or of Age of Husband or Wife (if living) Years
 Address Bayes Springs
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Accountant 397-14-0115 (Social Security Number)
 Employer and Address
 Date of Death Jan 2, 1951 3:10 P. (Date) (Hour)
 Date of Birth Aug 26, 1896
 Age 54 (Years) (Months) (Days)
 Date of Funeral Jan 4, 1951 3:30 P. (Date) (Day of Week) (Hour)
 Services at Chapel
 Clergyman Rev. Balthus Sonoma (Address)
 Religion of the Deceased

Complete Funeral (except outlays) \$ 160.-
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 9525

RECEIVED FROM M Brown, Ernest Santa Rosa, California Jan 4, 1951
Sonoma Calif
 Crematorium Services For Helen Atkinson Hewitt \$ 45.00
 Memorial Section
 --including endowment fund deposit--
 Tier No.
 Urn Chest Sales Tax
 Flower Service { Twice Once } Each Week, from to
 { Rental Care } from to Engraving Permit
 Credits
 Received Forty-five and no/100 Dollars \$ 45.00
 Check No. 90-754-3313 Record No. 4216
 CALIFORNIA CREMATORIUM
 Per Ernest Brown

Section No.
 Block No.
 Owner
 Less 8.00 30 days \$
 Balance \$ 199.40
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	Jan 3, 1951	By Payment	\$199.40
" "	\$	\$	" "	" "	\$
" "	\$	\$	" "	" "	\$
" "	\$	\$	" "	" "	\$
" "	\$	\$	" "	" "	\$
" "	\$	\$	" "	" "	\$
" "	\$	\$	" "	" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

273

Total No. Yearly No. Date of Entry January 2 1951

Name of Deceased Aileen Wilkinson Hewitt
☐ Married ☐ Single ☐ Widowed ☒ Divorced (What Race)

Residence Box 34 Bayes Springs ☐ Husband ☐ Wife ☐ Widow Harry
 or of Age of Husband or Wife (if living) Years

Charge to Marion Greene Papper

Address Bayes Springs

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Accountant 397-14-0115
 (Social Security Number)

Employer and Address

Date of Death Jan 2, 1951 3:10 P.
 (Date) (Hour)

Date of Birth Aug 26, 1896
 (Date) (Month) (Day)

Age 54
 (Years) (Months) (Days)

Date of Funeral Jan 4, 1951 3:30 P.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Bultman Sonoma
 (Address)

Religion of the Deceased

Birthplace Iowa

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma Co. Hospital

Cause of Death Adeno Carcinoma of Ovary

Contributory Causes Metastases

Radiation Leucopenia

Certifying Physician Edward B. Saxon
 (or Coroner)

Address Sonoma Co. Hospital

Name of Father Samuel Harry

Birthplace Iowa

Hidden Name of Mother Susan Hultzer

Birthplace Iowa

Remains to

Color of Casket #80 - Grey
 (State Color and Number)

Manufactured by Golden State Casket

Funerary Chapel of the Chimes R.
 matory

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 160 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 80

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 2.40

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation 45.00

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad or Motor Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Line Death Notices in Papers

(Names of Newspapers)

Sales Tax 2.40

Total Footing of Bill \$ 207.40

Less 8.00 30 days \$ 8

Balance \$ 199.40

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$ <u>199.40</u>	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Jan 2 1951

Name of Deceased Infant son of Robert W. Slater
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) W

Residence 2nd St East Sanoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years

Charge to: Robert W. Slater

Address: Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation None (Social Security Number)

Employer and Address

Casket + Complete Funeral (except outlays)	\$ 20 -
Casket	
Burial Vault or Box (State Kind)	10 -
Embalming Body (Name of Embalmer)	
Barber, \$ Hair Dressing, \$ 10	
Dressing Body, \$ Underwear, \$ 20	
Suit or Dress (State Kind and Color)	20

F. 4214

CITY AND COUNTY OF
SAN FRANCISCO

Dept. of Public Health

DUPLICATE

No 9992

RECEIVED
FROM

Bates + Evans
Sanoma Calif.

CERTIFIED CERTIFICATE OF DEATH

REMOVAL PERMIT

J. C. GEIGER, M. D.
DIRECTOR OF PUBLIC HEALTH

BY

E. James

DEPUTY

HOSPITAL

STREET

CALIFORNIA

Baby Slater was privately baptized

to Christian burial.

MAIN OFFICE.

line Death Notices in Papers

(Names of Newspapers)

Sales Tax

Total Footing of Bill

Less

Balance

Entered into Ledger, page or below.

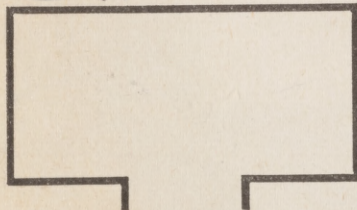


Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Jan 10	Statement To Above Balance		\$		To Balance Forward		\$
Feb 1	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

275

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry. *Jan 2* 19*51*

Name of Deceased *Infant son of Robert W Slater* (What Race) *W*

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence *2nd St East Sanoma* ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: *Robert W Slater*

Address. *Above*

Order given by (or informant)

How Secured:

If Veteran, State War *no*

Occupation *None* (Social Security Number)

Employer and Address

<i>Casket +</i> Complete Funeral (except outlays)	\$	<i>20</i>	<i>-</i>
Casket			
Burial Vault or Box		<i>10</i>	<i>-</i>
Embalming Body			
Barber, \$.....			
Dressing Body, \$.....			
Suit or Dress			

(Name of Embalmer)

(State Kind and Color)

ST. MARY'S HOSPITAL
2200 HAYES STREET
SAN FRANCISCO 17, CALIFORNIA

To Whom It May Concern:

This is to certify that Baby Slater was privately baptized
in St. Mary's Hospital and is entitled to Christian burial.

MAIN OFFICE.

ed by: S. F. Gasket (State Color and Number)
Catholic Cm. Sonoma

.....line Death Notices in.....Papers.....		
(Names of Newspapers)		
Sales Tax.....		30
Total Footing of Bill.....	\$ 75.	30
Less.....	\$	
Balance.....	\$	
Entered into Ledger, page.....or below.		



Diagram of Lot or Vault

Lot No.....
Grave No.....
Section No.....
Block No.....
Owner.....

[illegible]

Insurance \$..... Names of
Lodges..... Insurance
Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of..... % per annum.

Witness..... Signed.....

Address.....

RECORD OF FUNERAL

275

Total No. Yearly No. Date of Entry Jan 3 1951
 Name of Deceased Charles Edward Groskopf
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt. 2, Box 132, Sonoma ☐ Husband ☐ Wife ☐ Widow Lena
 Charge to Mrs. Lena Groskopf or of Age of Husband or Wife (if living) Years
 Address Above
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Farmer Retired (Social Security Number)
 Employer and Address
 Date of Death Jan 3, 1951 10:15 P (Date) (Hour)
 Date of Birth Nov 2, 1888 (Date) (Month) (Day)
 Age 62 (Years) 2 (Months) 1 (Days)
 Date of Funeral Jan 6, Sat 10 A.M. (Date) (Day of Week) (Hour)
 Services at St. Francis
 Clergyman (Address)
 Religion of the Deceased Catholic
 Birthplace Sonoma, Calif.
 Resided in the State Calif.

PALL BEARERS

GROSKOPF

Jake Yenni
 Vic Leveroni
 Chris Knudtson
 Joe Andraeux
 Ralph Evans
 Fred Riebli

Motor } Remains to
 Ship }
 Size of Casket Queen's Eucalyptus
 Manufactured by Hollywood Casket Co. (State Color and Number)
 Cemetery } mt. Cemetery Sonoma
 Crematory }

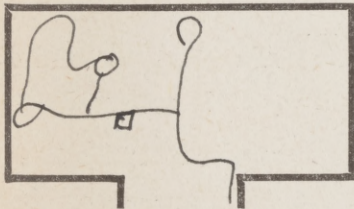


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Complete Funeral (except outlays) \$ 637 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 5.00
 (State Number and District)
 Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 6.8 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15.00
 line Death Notices in Papers
Index Tribune Paper
 (Names of Newspapers)
Posted Index
Democrat
 Sales Tax 10.01
 Total Footing of Bill \$ 759.12
 Less Courtesy discount \$ 65.20
 Balance 693.92
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 15 -	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	" "		March 21, 1951	our out	375 -
	" "		Jan 30, 1952	"	35 -
	" "		Nov 18, 1954	"	20
	" "		" "	"	
	" "		" "	"	
	" "		" "	"	

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

275

Total No. Yearly No. Date of Entry Jan 3 19 51
 Name of Deceased Charles Edward Groskopf (What Race) W
☒ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence Rt 2 Box 132 Sonoma ☐ Husband ☐ Wife ☐ Widow Lena
 Charge to Mrs Lena Groskopf or of Age of Husband or Wife (if living) Years
 Address Above
 Order given by (or informant)
 How Secured
 If Veteran, State War No
 Occupation Farmer Retired (Social Security Number)
 Employer and Address
 Date of Death Jan 3, 1951 10:15 P. (Date) (Hour)
 Date of Birth Nov 2, 1888
 Age 62 (Years) 2 (Months) 1 (Days)
 Date of Funeral Jan 6, Sat 10 A. M. (Date) (Day of Week) (Hour)
 Services at St. Francis
 Clergyman (Address)
 Religion of the Deceased Catholic
 Birthplace Sonoma, Calif
 Resided in the State Calif Months

PALL BEARERS

GROSKOPF

Jake Yenni
 Vic Leveroni
 Chris Knudtson
 Joe Andreux
 Ralph Evans
 Fred Riebli

Motor } Remains to
 Ship }

Size of Casket Queen QS Eucalyptus (State Color and Number)

Manufactured by Hollywood Casket Co
 Cemetery } Mt. Cemetery Sonoma
 Crematory }



Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 637 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 5 00 (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 6 8 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15 00
 line Death Notices in Papers
Index Index Index (Names of Newspapers)
Democrat
 Sales Tax
 Total Footing of Bill
 Less Courtesy discount
 Balance Feb 8 51
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 15 -	To Above Balance			To Balance Forward	
	By Payment			By Payment	
	"		March 21, 1951	Our Out	
	"		Jan 30, 1952		
	"		Nov 18, 1954		
	"				
	"				
	"				
	"				

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

275

Total No. Yearly No. Date of Entry Jan 3 1951

Name of Deceased Charles Edward Braskopf (What Race) W

☒ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Rt 2 Box 132 Sonoma ☐ Husband ☐ Wife ☐ Widow ☐ Orphan ☐ of Lena Age of Husband or Wife (if living) Years

Charge to Mrs. Lena Braskopf

Address Above

Order given by (or informant)

How Secured

If Veteran, State War No

Occupation Farmer Retired (Social Security Number)

Employer and Address

Date of Death Jan 3, 1951 10:15 P. (Date) (Hour)

Date of Birth Nov 2, 1888 (Date) (Month) (Day)

Age 62 (Years) 2 (Months) 1 (Days)

Date of Funeral Jan 6, 1951 10 A. M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Sonoma, Calif.

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Gebert Braskopf

His Birthplace Germany

Maiden Name of Mother Barbara Miller

Her Birthplace Germany

Motor } Remains to
Ship }

Size of Casket Queen's Eucalyptus (State Color and Number)

Manufactured by Hollywood Casket Co.

Cemetery } Mt. Carmel Sonoma
Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner Deb 851

Complete Funeral (except outlays) \$ 637

Casket \$ 15

Burial Vault or Box (State Kind) \$ 15

Embalming Body (Name of Embalmer) \$ 15

Barber, \$ Hair Dressing, \$ \$ 31.50

Dressing Body, \$ Underwear, \$ \$ 15

Suit or Dress (State Kind and Color) \$ 33.50

Slippers, \$ Hose, \$ \$ 100.00

Folding Chairs, \$ Tarpaulin, \$ \$ 15

Candelabrum, \$ Candles, \$ \$ 3

Door Spray, \$ Gloves, \$ \$ 3

Funeral Car, \$ Ambulance, \$ \$ 100.00

Limousines to Cemetery @ \$ \$ 15

Extra Limousines @ \$ \$ 15

Autos to R. R. Station @ \$ \$ 15

Getting Remains from \$ 5.00

Taking Remains to \$ 5.00

Trip to Coroner's Inquest \$ 5.00

Delivering Box to \$ 5.00

Deliver Flowers to \$ 5.00

Removal Charges \$ 5.00

Procuring Burial Permit (State Number and District) \$ 5.00

Certif. Copies of Death Certificates No. (State Physician's or Coroner's) \$ 5.00

Pall Bearer Service, \$ Use of Chapel, \$ \$ 5.00

Gross Total for Sales Tax \$ 5.00

Outlay for Lot \$ 5.00

Cremation \$ 5.00

Flowers, \$ Palms, \$ Matting, \$ \$ 5.00

Rental of Tent, \$ of Temporary Vault, \$ \$ 5.00

Opening of Grave or Tomb \$ 5.00

Lining Grave, \$ Lowering Device, \$ \$ 5.00

Outlay for Shipping Charges \$ 5.00

Clergyman, \$ Singers, \$ Organist, \$ \$ 5.00

Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$ \$ 5.00

Telegr., Phone, Cable or Radio Charges \$ 5.00

Cash Advanced \$ 5.00

Out of town Undertaker's Charges \$ 5.00

Personal Service mass \$ 5.00

line Death Notices in Papers \$ 5.00

Index Index \$ 5.00

Sales Tax \$ 5.00

Total Footing of Bill \$ 5.00

Less Courtesy discount \$ 5.00

Balance \$ 5.00

Entered into Ledger, page or below. \$ 5.00

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 15	Took Statement			To Balance Forward	
	To Above Balance			By Payment	
	By Payment		March 21	on out	
	" "		Jan 30, 1952		
	" "		Nov 18, 1954		
	" "		" "		
	" "		" "		
	" "		" "		
	" "		" "		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed Address

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 5 1951
 Name of Deceased Robert Cathcart Huey (What Race) W
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence: Rt. 2 Box 249 A Sonoma Cal ☐ Husband ☐ Wife ☐ Widow Virginia
 Charge to Mrs. Virginia Huey or of Age of Husband or Wife (if living) Years
 Address: Above
 Order given by
 How Secured:
 If Veteran, State War No
 Occupation: Inf. Artificial Limbs (Social Security Number)
 Employer and Address
 Date of Death Jan. 5, 1951 6 a.m. (Date) (Hour)
 Date of Birth July 23, 1883 (Date) (Hour)

Complete Funeral (except outlays) \$ 21.50
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$

Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes

No 9542

CREMATORIUM--COLUMBARIUM--MAUSOLEUM

RECEIVED FROM M

Santa Rosa, California, JAN 8, 1951

Crematorium Services For

Memorial Section
--including endowment fund deposit--

Urn Chest Sales Tax

Flower Service { Twice } Each Week, from to

{ Rental } from to Engraving Permit

Total

Credits

Received FORTY FIVE AND 10/100

Dollars

Check No. 90-754

Record No. 4221

Present Balance
CALIFORNIA CREMATORIUM
Per E. J. Grothe

Ship
 Size of Casket 9.5.60 - Grey Am. (State Color and Number)
 Manufactured by: S. F. Casket Co.
 Cemetery } Chapel of the Chimes R.
 Crematory }

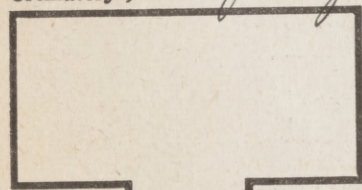


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Personal Service Ken Terrell 10.50
Musical - Duntav Oliver 7.50
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax 3.23
 Total Footing of Bill \$ 280.50
 Less 10.75 - 30 days \$ 10.75
 Balance \$ 269.75
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
				By Payment	\$
				" "	\$
				" "	\$
				" "	\$
				" "	\$
				" "	\$
				" "	\$
				" "	\$

Casket No. 9560
Size 6/3

Order No. Jan 10, 1951
Date

Covering Gray Amer

Description Lined Sparkel
338-Hdls

Insurance
Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Witness

Address

RECORD OF FUNERAL

Total No.....Yearly No.....Date of Entry.....January 6 19 51

Name of Deceased.....Gedric Earl Sutter

☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence.....P.O. Box 356 Sonoma

Charge to.....Mrs. Sutter

Address.....Above

Order given by.....

How Secured.....

If Veteran, State War.....no

Occupation.....Salesman X545-01-7851

Employer and Address.....Fyr. Fyter Co.

Date of Death.....Jan 6, 1951 9 P

Date of Birth.....April 24, 1891

Age.....57 8 12

Date of Funeral.....Jan 9, Tue 2 P M

Services at.....Chapel

Clergyman.....Rev. Terrell Sonoma

Religion of the Deceased.....

Birthplace.....Sonoma, Calif

Resided in the State.....Calif

Place of Death.....Home

Cause of Death.....

Contributory Causes.....

Certifying Physician.....Wm J. Newman MD

His Address.....Sonoma, Calif

Name of Father.....Ephraim M. Sutter

His Birthplace.....Calif

Maiden Name of Mother.....Florence Manuel

Her Birthplace.....Calif

Motor } Remains to.....


Ship }

Size of Casket.....Rose Saupé Double X

Manufactured by.....Sutler Casket

Cemetery } Mt. Cemetery Sonoma, Calif

Crematory }



Lot No.....

Grave No.....

Section No.....

Block No.....

Owner.....

Funeral 39800 XX-300

Complete Funeral (except outlays).....XX \$ 413 -

Casket.....

Burial Vault or Box.....15 -

Embalming Body.....

Barber, \$.....Hair Dressing, \$.....206.50

Dressing Body, \$.....Underwear, \$.....1.15

Suit or Dress.....

Slippers, \$.....Hose, \$.....

Folding Chairs, \$.....Tarpaulin, \$.....

Candelabrum, \$.....Candles, \$.....

Door Spray, \$.....Gloves, \$.....

Funeral Car, \$.....Ambulance, \$.....

Limousines to Cemetery.....@ \$.....

Extra Limousines.....@ \$.....

Autos to R. R. Station.....@ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit.....5.00

Certif. Copies of Death Certificates No.....

Pall Bearer Service, \$.....Use of Chapel, \$.....

Gross Total for Sales Tax.....\$

Outlay for Lot.....

Cremation.....

Flowers, \$.....Palms, \$.....Matting, \$.....

Rental of Tent, \$.....of Temporary Vault, \$.....

Opening of Grave or Tomb.....50

Lining Grave, \$.....Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$.....Singers, \$.....Organist, \$.....

Railroad } Tickets, \$.....Aero- plane Service, \$.....

or Motor }

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service.....Rev. Terrell 10.50

music.....Dan Ruggles 7.50

line Death Notices in.....Papers

Press Democrat 4.00

Sales Tax.....6.50

Total Footing of Bill.....511.00

Less.....21.40

Balance.....

Entered into Ledger, page.....or below.

Date	Statement	Amount Paid	Balance	Date	Statement	Amount Paid	Balance
2/1/51	To Above Balance.....		\$		To Balance Forward.....		\$
	By Payment.....	\$	\$		By Payment.....	\$	\$
	" ".....	\$	\$	Feb 6, 51	" on acct.....	261 -	\$
	" ".....	\$	\$		" ".....	250	\$
	" ".....	\$	\$	Mar 7, 1951	" full.....		\$
	" ".....	\$	\$		" ".....		\$
	" ".....	\$	\$		" ".....		\$
	" ".....	\$	\$		" ".....		\$
	" ".....	\$	\$		" ".....		\$

Insurance \$.....Names of Lodges.....Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within.....days from date. Interest to accrue from maturity at the rate of.....% per annum.

Witness.....Signed.....

Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No.	Yearly No.	Date of Entry	January 2 1951
Name of Deceased	Robert Cathcart Huey		
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	(What Race)		
Residence:	Rt 2 Box 2499 Sonoma Cal		
Charge to	Mrs. Virginia Huey		
Address:	above -		
Order given by	(or informant)		
How Secured:			
If Veteran, State War	No		
Occupation:	Mfg Artificial Limbs		
Employer and Address			
Date of Death	Jan. 5, 1951 6:15 P.M.		
Date of Birth	July 23, 1883		
Funeral	Jan. 7, Sun. 2:30 P.M.		
Place	Chapel		
Name of the Deceased	Rev. Terrell Sonoma		
Place	South Carolina		
Place in the State	(or U. S. or City or County) (Years) (Months)		
Place of Death	Sonoma Community Hospital		
Cause of Death	Chr. Myocarditis		
Medical Causes	Myocardial degeneration		
Attending Physician	W. S. Price M.D.		
Address	Sonoma, Calif.		
Place of Father	New York		
Place of Mother	South Carolina		
Remains to	Burial		
Size of Casket	9560 - Grey Am.		
Manufactured by	S. F. Casket Co.		
Cemetery	Chapel of the Chimes R.		
Crematory			
Diagram of Lot or Vault			
Lot No.	215		
Grave No.			
Section No.			
Block No.			
Owner			
Complete Funeral (except outlays)	\$ 215		
Casket			
Burial Vault or Box	(State Kind)		
Embalming Body	(Name of Embalmer)		
Barber, \$	Hair Dressing, \$		
Dressing Body, \$	Underwear, \$		
Suit or Dress	(State Kind and Color)		
Slippers, \$	Hose, \$		
Folding Chairs, \$	Tarpaulin, \$		
Candelabrum, \$	Candles, \$		
Door Spray, \$	Gloves, \$		
Funeral Car, \$	Ambulance, \$		
Limousines to Cemetery	@ \$		
Extra Limousines	@ \$		
Autos to R. R. Station	@ \$		
Getting Remains from			
Taking Remains to			
Trip to Coroner's Inquest			
Delivering Box to			
Deliver Flowers to			
Removal Charges			
Procuring Burial Permit			
Certif. Copies of Death Certificates	(State Number and District)		
Pall Bearer Service, \$	Use of Chapel, \$		
Gross Total for Sales Tax	\$		
Outlay for Lot			
Cremation	45		
Flowers, \$	Palms, \$		
Rental of Tent, \$	of Temporary Vault, \$		
Opening of Grave or Tomb			
Lining Grave, \$	Lowering Device, \$		
Outlay for Shipping Charges			
Clergyman, \$	Singers, \$		
Railroad or Motor } Tickets, \$	Aero-plane Service, \$		
Telegr., Phone, Cable or Radio Charges			
Cash Advanced			
Out of town Undertaker's Charges			
Personal Service	Rev. Terrell		
line Death Notices in	Papers		
(Names of Newspapers)			
Sales Tax	3.23		
Total Footing of Bill	\$ 280.50		
Less	10.75 - 30 days		
Balance	\$ 269.75		
Entered into Ledger, page	or below.		

RECORD OF FUNERAL

277

Total No. Yearly No. Date of Entry January 6 19 51

Name of Deceased Cedric Earl Cutler

Residence P.O. Box 356 Sonoma ☐ Husband ☐ Wife ☒ Widowed ☐ Divorced (What Race) Marie Rose

Charge to Mrs. Cutler or of Age of Husband or Wife (if living) Years

Address Above

Order given by (or informant)

How Secured

If Veteran, State War no

Occupation Salesman 545-01-7851 (Social Security Number)

Employer and Address Fyr. Fyter Co.

Date of Death Jan 6, 1951 9 P. (Date) (Hour)

Date of Birth April 24, 1891 (Date) (Month) (Day)

Age 59 8 12 (Years) (Months) (Days)

Date of Funeral Jan 9, 1951 2 P. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Terrell Sonoma (Address)

Religion of the Deceased

Birthplace Sonoma, Calif.

Resided in the State Life (or U. S. of City or County) (Years) (Months)

Place of Death Home

Cause of Death

Contributory Causes

Certifying Physician Wm. J. Newman M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Ephraim M. Cutler

His Birthplace Calif.

Maiden Name of Mother Florence Manuel

Her Birthplace Calif.

Motor Ship } Remains to

Size of Casket Rose Saupé Double X (State Color and Number)

Manufactured by Sutler Casket

Cemetery Mt. Cemetery Sonoma, Calif.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) XX \$ 413 -

Casket \$ 15 -

Burial Vault or Box (State Kind) \$ 15 -

Embalming Body (Name of Embalmer) \$ 206.50

Barber, \$ Hair Dressing, \$ \$ 15

Dressing Body, \$ Underwear, \$ \$ 221.50

Suit or Dress (State Kind and Color) \$ 3

Slippers, \$ Hose, \$ \$ 6.6450

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges \$ 5.00

Procuring Burial Permit (State Number and District) \$ 5.00

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot \$

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb \$ 50

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero- plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Rev. Terrell \$ 10

music - San Ruggles \$ 7.50

line Death Notices in Papers \$ 4.00

Press Democrat (Names of Newspapers)

Sales Tax \$ 6.50

Total Footing of Bill \$ 511.00

Less 21.40 \$

Balance \$

Entered into Ledger, page or below.

Date	Statement	Amount Paid	Balance	Date	Statement	Amount Paid	Balance
2/1/51	To Above Balance				To Balance Forward		
	By Payment				By Payment		
	" "			Feb 6, 51	" on acct.	261 -	
	" "				"	250	
	" "			Mar 7, 1951	" full		
	" "				"		
	" "				"		
	" "				"		
	" "				"		

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Witness Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

279

Total No. Yearly No. Date of Entry Jan 7 1951

Name of Deceased Max Alexander
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Mt. Rd. Glen Ellen ☐ Husband ☐ Wife ☐ Widow }
 Charge to Vernon Silvershield Caron or of } Age of Husband or Wife (if living) Years

Address Santa Rosa
 Order given by Above (or informant)
 How Secured
 If Veteran, State War unk
 Occupation Laborer 557-07-7322
 Employer and Address (Social Security Number)

Complete Funeral (except outlays)	\$ <u>383</u> -
Casket	
Burial Vault or Box	<u>15</u> -
Embalming Body	
Barber, \$ Hair Dressing, \$	
Dressing Body, \$ Underwear, \$ <u>box</u>	<u>2</u> -
Suit or Dress	<u>10</u> <u>50</u> <u>14</u>
Slippers, \$ Hose, \$	<u>38</u>

TELEPHONE 2686

Bates and Evans
 Funeral Directors
 SONOMA, CALIFORNIA

Date 4-2 51

Received of the above named firm, Superior Court Claim, in the amount of \$552.69, for funeral expenses, which I will file against the Estate of Max Alexander, (deceased).

Signed Vernon Silvershield adm.

50
50
9.00
3
57

Manufactured by Silver Casket
 Cemetery Mt. Carmel Sonoma, Cal. Navaya Ganga (Names of Newspapers)
 Crematory Navaya Ganga

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Sales Tax	\$ <u>6</u> <u>20</u>
Total Footing of Bill	\$ <u>552</u> <u>69</u>
Less <u>19.90</u> - <u>30 days</u>	
Balance	\$
Entered into Ledger, page or below.	

552.69

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Feb 1, 1951</u>	To Above Balance			To Balance Forward	
<u>2-25-51</u>	By Payment			By Payment	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

 Total No. Yearly No. Date of Entry January 8 1951

 Name of Deceased Otto Nielsen (What Race)

☐ Married ☐ Single ☐ Widowed ☐ Divorced

 Residence: Rt 2 Box 361 Sonoma ☐ Husband ☐ Wife ☐ Widow Melva

 Charge to: Mrs Melva Nielsen or of } Age of Husband or Wife (if living) Years

 Address: Above

Order given by: (or informant)

How Secured:

 If Veteran, State War No

 Occupation: Nurseryman 553-20-1689 (Social Security Number)

 Employer and Address: Self

 Date of Death: Jan 8, 1951 9:30 A. (Date) (Hour)

 Date of Birth: March 22, 1895 (Date)

 Age: 55 (Years)

 Date of Funeral: Jan 10 (Date)

 Services at: Ch

Clergyman:

Religion of the Deceased:

 Birthplace: Ill.

Resided in the State:

 Place of Death: La

 Cause of Death: Ca

Contributory Causes:

 Certifying Physician: Dr

 His Address: Santa

Name of Father:

 His Birthplace: De

Maiden Name of Mother:

 Her Birthplace: Ten

Motor Ship } Remains to

 Size of Casket: 9405

 Manufactured by: S

 Cemetery } Mt. Cem.

Crematory }

Diagram of Lot or Vault

Lot No. Grave No. Section No. Block No. Owner:

Sales Tax Total Footing of Bill Less Balance

Entered into Ledger, page or below.

 SIZE 6/3 No. 9405-Slip cap Cov. Gray Doe

 DESCRIPTION: Tined Sunray Rd. Pillow

 HANDLES: 382- Halls

To Balance Forward By Payment

Jan 13, 1951 Feb 17, 1951 March 14, 1951 April 20, 1951 May 21, 1951 June 18, 1951 July 17, 1951

Names of Lodges:

Funeral, and I hereby represent that I have sufficient resources legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within maturity at the rate of % per annum.

Witness: Signed: Address:

RECORD OF FUNERAL

279

Total No. Yearly No. Date of Entry Jan 7 1951

Name of Deceased Max Alexander
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Mt. Rd. Glen Ellen ☐ Husband ☐ Wife ☐ Widow }
 Charge to Vernon Silvershield, Coroner or of } Age of Husband or Wife (if living) Years

Address Santa Rosa

Order given by Above (or informant)

How Secured

If Veteran, State War unk

Occupation Laborer 557-07-7322
 (Social Security Number)

Employer and Address

Date of Death Jan 7, 1951 12:10 a.m.
 (Date) (Hour)

Date of Birth May 15, 1897

Age 53 -
 (Years) (Months) (Days)

Date of Funeral Jan 16, Tue 11 a.m.
 (Date) (Day of Week) (Hour)

Services at Chapel

Complete Funeral (except outlays)	\$ 383 -
Casket	
Burial Vault or Box	15 -
Embalming Body	
Barber, \$	
Hair Dressing, \$	
Dressing Body, \$	
Underwear, \$	2 -
Suit or Dress	10 50 -
Slippers, \$	
Hose, \$	38 -
Folding Chairs, \$	
Tarpaulin, \$	
Candelabrum, \$	
Candles, \$	
Door Spray, \$	
Gloves, \$	19 50
Funeral Car, \$	
Ambulance, \$	13 50
Limousines to Cemetery @ \$	19 00
Extra Limousines @ \$	2 50
Autos to R. R. Station @ \$	3 -
Getting Remains from	5 -

Office of Coroner and Public Administrator

Court House

No 39

Santa Rosa, Calif., 1-8 1951

of Bates + Evans
only sixty three Dollars

atter of the Estate of

n Bid for Real Property \$ VERNON SILVERSHIELD,
 n Bid for Personal Property \$ CORONER AND PUBLIC ADMINISTRATOR
 By Wilma Brown

or } Remains to
 of Casket Jaupre (Rose)

Manufactured by Sutter Casket Co.
 Cemetery Mt. Carmel Sonoma, Cal.
 Crematory

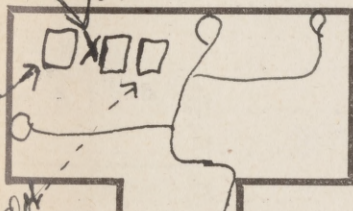


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Out of town Undertaker's Charges 3.50
 Personal Service Nikolas Shefrosterky
 line Death Notices in Dem. Papers
Navaya Ganga

Sales Tax 6 20
 Total Footing of Bill 552 69
 Less 19 90 - 30 days
 Balance 532 79

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Feb 1, 1951	To Above Balance			To Balance Forward	
2-25-51	By Payment			By Payment	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	
	"			"	

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 8 1951

Name of Deceased Otto Nielsen
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt 2 Box 361 Sonoma ☐ Husband ☐ Wife ☐ Widow Melva
 or of } Age of Husband or Wife (if living) Years

Charge to: Mrs Melva Nielsen
 Address: Above

Order given by (or informant)
 How Secured:

If Veteran, State War No
 Occupation: Nurseryman 553-20-1689
 (Social Security Number)

Employer and Address Self
 Date of Death: Jan 8, 1951 9:30 A.
 (Date) (Hour)

Date of Birth: March 22, 1895
 Age: 55
 (Years)

Date of Funeral: Jan 10
 (Date)

Services at: Ch
 Clergyman:

Religion of the Deceased:

Birthplace: Ill

Resided in the State:

Place of Death: Ca
 Cause of Death: Ca

Contributory Causes:

Certifying Physician: Dr
 His Address: Santa

Name of Father:

His Birthplace: De

Maiden Name of Mother:

Her Birthplace: Den

Motor Ship } Remains to
 Size of Casket: 94x55

Manufactured by: S
 Cemetery } Mt. Cem.
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Sales Tax
 Total Footing of Bill
 Less
 Balance
 Entered into Ledger, page or below.

Diagram of Lot or Vault

Diagram of Lot or Vault

Diagram of Lot or Vault

Diagram of Lot or Vault

Diagram of Lot or Vault

Diagram of Lot or Vault

Diagram of Lot or Vault

NIelsen - In Sonoma, Calif., Jan. 8, 1951, Otto Nielsen, dearly beloved husband of Mrs. Melva Nielsen of Sonoma, beloved father of Beverly and Bobby Nielsen and Mrs. Marie Addington, loving brother of Harold Nielsen, a native of Illinois, aged 55 years. Friends and acquaintances are respectfully invited to attend the funeral services Friday, Jan. 12, at 2 p. m., from the Chapel of Bates & Evans in Sonoma, Calif. Interment, Mountain Cemetery, Sonoma.

Names of
Lodges

Funeral, and I hereby represent that I have sufficient resources legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within

maturity at the rate of % per annum.

Witness

Signed

Address

RECORD OF FUNERAL

279

Total No. Yearly No. Date of Entry Jan 7 1951

Name of Deceased Max Alexander
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Sonoma Mt. Rd. Glen Ellen ☐ Husband ☐ Wife ☐ Widow }
 Charge to Vernon Silvershield, Coroner or of } Age of Husband or Wife (if living) Years

Address Santa Rosa
 Complete Funeral (except outlays) \$ 383 -

Order given by Above (or informant)
 Casket
 Burial Vault or Box (State Kind)

How Secured
 Embalming Body (Name of Embalmer)

If Veteran, State War unk
 Barber, \$ Hair Dressing, \$
 Occupation Labarer 557-07-7322 Dressing Body, \$ Underwear, \$ 1.00
 (Social Security Number)

Employer and Address
 Slippers, \$ (State Kind and Color) Hose, \$
 Date of Death Jan 7, 1951 12:10 a.m. Folding Chairs, \$ Tarpaulin, \$
 (Date) (Hour)

Date of Birth May 15, 1897 Candelabrum, \$ Candles, \$
 Age 53 - Door Spray, \$ Gloves, \$
 (Years) (Months) (Days)

Date of Funeral Jan 16, Tue 11 a.m. Funeral Car, \$ Ambulance, \$
 (Date) (Day of Week) (Hour) M.
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit
 Certif. Copies of Death Certificate No. (State Number and District)

Services at Chapel
 Clergyman Nikolas Sheprostsky - (Address)
 Religion of the Deceased
 Birthplace Russia
 Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Arnold Dr. & Pet Ave El Verano (State Physician's or Coroner's)
 Cause of Death
 Contributory Causes
 Certifying Physician Vernon Silvershield, Coroner
 Address Santa Rosa, Calif
 Name of Father
 Birthplace
 Maiden Name of Mother
 Birthplace
 Remains to
 of Casket Jaupre (Rose) (State Color and Number)

Manufactured by Sutter Casket Co.
 Cemetery Mt. Cem. Sonoma, Cal
 Crematory
 Lot No.
 Grave No.
 Section No.
 Block No.
 Owner
 Diagram of Lot or Vault

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced 10.00 church
 Out of town Undertaker's Charges 2.50 priest
 Personal Service Nikolas Sheprostsky (Russian Priest)
 line Death Notices in Dem. Papers
Navaya Garya (Names of Newspapers)

Sales Tax
 Total Footing of Bill
 Less 19.90 - 30 days
 Balance
 Entered into Ledger, page or below.

Gross Total for Sales Tax
 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
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 Flowers, \$ Palms, \$ Matting, \$
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 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
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 Opening of Grave or Tomb
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 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
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 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
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 Outlay for Shipping Charges
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 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
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 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
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 Balance
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 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
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 Balance
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 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
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 Less 19.90 - 30 days
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 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
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 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
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 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
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 Total Footing of Bill
 Less 19.90 - 30 days
 Balance
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Gross Total for Sales Tax
 Outlay for Lot
 Cremation Casket Spray
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
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 Out of town Undertaker's Charges 2.50 priest
 Personal Service Nikolas Sheprostsky (Russian Priest)
 line Death Notices in Dem. Papers
Navaya Garya (Names of Newspapers)

Sales Tax
 Total Footing of Bill
 Less 19.90 - 30 days
 Balance
 Entered into Ledger, page or below.

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 15 1951

Name of Deceased Kenneth Graham Jarry
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race)

Residence France, St. Sonoma ☐ Husband ☐ Wife ☐ Widow
 or of Age of Husband or Wife (if living) Years

Charge to: Kenneth Jarry
 Address Box 757 - Sonoma, Calif.
 Order given by Abone (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number) no

Employer and Address

Date of Death Jan 15, 1951 (Date) (Hour)

Date of Birth May 8, 1950 (Date) (Hour)

Age (Years) (Months) (Days)

Date of Funeral Jan 17 - Wed (Date) (Day of Week) (Hour) 2 P. M.

Services at Jarry Home

Clergyman Rev. J. G. De Jong, Sonoma (Address)

Religion of the Deceased

Birthplace Berkeley, Calif.

Resided in the State Calif. (or U. S. or City or County) (Years) (Months)

Place of Death Stanford Lane Hospital

Cause of Death

Contributory Causes

Certifying Physician (or Coroner)

His Address

Name of Father Kenneth Jarry

His Birthplace California

Maiden Name of Mother Marvaine Graham


Her Birthplace Illinois

Motor } Remains to
 Ship }

Size of Casket 2 1/6 #50 - white lamb (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery } Mt. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault 

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 96 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to Legal Permit
 Removal Charges Legal Permit
 Procuring Burial Permit Legal Permit
 Certif. Copies of Death Certificates No. (State Number and District)
 (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Rev. De Jong, No. Chp
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax \$ 4 62
 Total Footing of Bill \$ 129 62
 Less 5 10 \$ 5 10
 Balance \$ 124 52
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	<u>Jan 23</u>	By Payment	\$ <u>124 52</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

Total No. Yearly No. Date of Entry Jan 19 1951

Name of Deceased Bertha Buttrum
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence E. Napa St. Sonoma ☐ Husband ☐ Wife ☐ Widow Harold St. Geo.
 or of Age of Husband or Wife (if living) Years

Charge to Rev. Buttrum

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Jan 19, 1951 12:25 9 (Date) (Hour)

Date of Birth April 24, 1875 (Date)

Age 75 8 25 (Years) (Months) (Days)

Date of Funeral Jan 22 noon 10:30 9 A.M. (Date) (Day of Week) (Hour)

Services at: Episcopal Church

Clergyman: Rev. A. W. Noel Parson (Address)

Religion of the Deceased

Birthplace England

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes:

Certifying Physician B. Andrews M.D. (or Coroner)

His Address Sonoma Calif.

Name of Father Robert Crippin

His Birthplace England

Maiden Name of Mother Elizabeth Harrop

Her Birthplace England

Motor } Remains to
 Ship }

Size of Casket Below (State Color and Number)

Manufactured by S. F.

Cemetery } Chapel of the Chimes
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 464 -

Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service

..... line Death Notices in Papers
Democrat 4 00
Fasted Local 3 61
Chronicle - Sat + Sun 13 32
 Sales Tax 6 96
 Total Footing of Bill \$ 491 89
 Less Courtesy disc. 20% \$ 92 80
 Balance \$ 399 09
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 25, 1951	Statement				
To Above Balance			To Balance Forward		
SIZE 6/6	No. 4538	Cov. 437	Feb 8, 51	Dr. full	399 09
DESCRIPTION: Sabina of Embassy fringe on overlay					
full lined SR B&BP #652-6x2 Spt Hdles					
ANDLES: 652-6x2 Spt Hdles					

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 23 1951

Name of Deceased Carl Robert Carlson

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race) Virginia

Residence P.O. Box 191, Boyes Springs ☐ Husband ☐ Wife ☐ Widow or of } Age of Husband or Wife (if living) Years

Charge to: Mrs. Virginia Carlson

Address 2 boyes

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation fly wood mill 534-05-5386 (Social Security Number)

Employer and Address Self

Date of Death Jan. 23, 1951 10:45 (Hour)

Date of Birth Feb 6, 1910

Complete Funeral (except outlays) \$ 652.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 326

Folding Chairs, \$ Tarpaulin, \$ 3

Candelabrum, \$ Candles, \$ 9.78

Door Spray, \$ 3

No. Jan 23 1951

RECEIVED OF Bates & Evans

Sixty two and 40/100 DOLLARS

Real, Pen, Steel Tape, Wallet + personal effects.

\$ 62.40 Mrs. Carl R. Carlson

Certifying Physician Wm. J. Haversfield (or Coroner)

His Address Santa Rosa, Cal.

Name of Father Oscar R. Carlson

His Birthplace Sweden

Maiden Name of Mother Anna Gustafson

Her Birthplace Finland

Motor Ship } Remains to

Size of Casket Hollywood (State Color and Number)

Manufactured by

Cemetery } I.O.O.F. Santa Rosa, Cal.

Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Flowers, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-plane Service, \$

or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Music Dunbar, Oliver 7.50

line Death Notices in Papers 361

Keated Index 4.00

(Names of Newspapers) Democrat

Sales Tax 9.78

Total Footing of Bill \$ 676.89

Less 32.60 - 30 days \$ 32.60

Balance \$ 644.29

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>2/1/51</u>	<u>statement</u>				
	To Above Balance			To Balance Forward	
	By Payment		<u>Feb 7, 51</u>	By Payment <u>In full</u>	<u>644.29</u>
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed Address

Total No. Yearly No. Date of Entry Jan 19 1951

Name of Deceased Bertha Buttrum
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence 6 Napa St. Sonoma ☐ Husband ☐ Wife ☐ Widow Harold St. Geo.
 or of Age of Husband or Wife (if living) Years

Charge to Rev. Buttrum

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War no

Occupation at home (Social Security Number) no

Employer and Address

Date of Death Jan 19, 1951 12:25 9
 (Date) (Hour)

Date of Birth April 24, 1875
 (Date)

Age 75 8 25
 (Years) (Months) (Days)

Date of Funeral Jan 22 noon 10:30
 (Date) (Day of Week) (H)

Services at: Episcopal Church

Clergyman: Rev. A. W. Noel (Address)

Religion of the Deceased

Birthplace England

Resided in the State (or U. S. or City or County) (Years)

Place of Death Home

Cause of Death

Contributory Causes

Complete Funeral (except outlays) \$ 464 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Gloves, \$
232
3
6.96

Certifying Physician B. Andrews M.D. (or Coroner)

His Address Sonoma, Calif.

Name of Father Robert Crippin

His Birthplace England

Maiden Name of Mother Elizabeth Harrop

Her Birthplace England

Motor } Remains to
 Ship }

Size of Casket Below (State Color and Number)

Manufactured by S. F.

Cemetery } Chapel of the Chimes
 Crematory }

Flowers, \$ of Temporary Vault, \$
 Rental of Tent, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

..... line Death Notices in Papers
 (Names of Newspapers) Democrat 4.00
Pasted Local 3.61
Chronicle - Sat + Sun 13.32
6.96

Sales Tax
 Total Footing of Bill \$ 491.89
 Less Courtesy disc. 20% \$ 92.80
 Balance \$ 399.09

Entered into Ledger, page or below.

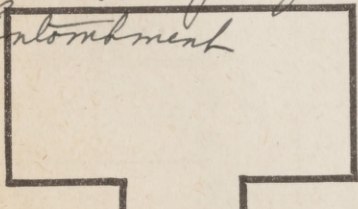


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Date	Amount Paid	Balance	Date	Amount Paid	Balance
Jan 25, 1951	Statement				
	To Above Balance	\$		To Balance Forward	\$
SIZE 6/6	No. 4538	Cov. 437	Feb 8, 51	Full	399.09
DESCRIPTION: Sabina of Embassy fringe on overlay					
full lined SR B&BP #652-6x2 Spt Hdles					
ANDLES: 652-6x2 Spt Hdles					

Insurance \$ Names of Insurance Companies
 Lodges

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 23 1951

Name of Deceased Carl Robert Carlson

☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence P.O. Box 191, Boyes Springs, Virginia

Charge to Mrs. Virginia Carlson

Address about

Order given by (or informant)

How Secured :

If Veteran, State War no

Occupation Fly Wood mill 534-5386 (Social Security Number)

Employer and Address Self

Date of Death Jan. 23, 1951 10:45 A.M. (Date) (Hour)

Date of Birth Feb 6, 1910 (Years) (Months) (Days)

Age 40 11 17 (Years) (Months) (Days)

Date of Funeral Jan 26, 1951 Fri 2 P.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Temple Lodge #14 279 M - (Address)

Religion of the Deceased

Burial place Washington

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Oscar R. Carlson

His Birthplace Sweden

Maiden Name of Mother Anna Gustafson

Her Birthplace Finland

Motor } Remains to Ship }

Size of Casket Hollywood (State Color and Number)

Manufactured by

Cemetery } I.O.O.F. Santa Rosa, Calif. Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 652.00

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$..... Hair Dressing, \$.....

Dressing Body, \$..... Underwear, \$.....

Suit or Dress (State Kind and Color)

Slippers, \$..... Hose, \$..... 326

Folding Chairs, \$..... Tarpaulin, \$..... 3

Candelabrum, \$..... Candles, \$..... 978

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax \$.....

Outlay for Lot

Cremation

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad } Tickets, \$..... Aero-plane Service, \$..... or Motor }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

Music Dunbar, Oliver 7.50

line Death Notices in Papers 361

Postpaid Index 4.00

(Names of Newspapers)

Sales Tax 9.78

Total Footing of Bill \$ 676.89

Less 32.60 - 30 days \$ 32.60

Balance \$ 644.29

Entered into Ledger, page or below.

[illegible]

Insurance \$..... Names of Lodges..... Insurance Companies.....
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to.....
(Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from
maturity at the rate of.....% per annum. Signed.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 6 1951
 Name of Deceased Infant Son of Grant Fletcher M. W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Perkins & 3rd St. West Sonoma ☐ Husband ☐ Wife ☐ Widow }
 or of } Age of Husband or Wife (if living) Years
 Charge to:
 Address:
 Order given by: (or informant)
 How Secured:
 If Veteran, State War no.
 Occupation None (Social Security Number) no.
 Employer and Address:

Complete Funeral (except outlays) \$
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slinners, \$ Hose, \$

TELEPHONE 2686

Bates and Evans
 Funeral Directors
 SONOMA, CALIFORNIA

1-26-51
Sonoma
 I hereby authorize Dr. Owen Thomas to perform
 an autopsy upon Infant Son Fletcher
Grant Fletcher
 Father

Manufactured by: D. T.
 Cemetery } West Cemetery Sonoma
 Crematory }

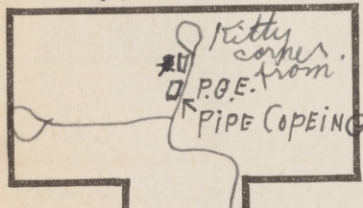


Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

.....ine Death Notices in Papers
 (Names of Newspapers)
 Sales Tax
 Total Footing of Bill \$ 2.50
 Less
 Balance \$
 Entered into Ledger, page or below.

Date		Amount Paid	Balance	Date		Amount Paid	Balance
	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$
	" "	\$	\$		" "	\$	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

Witness:

285

Date	Amount Paid	Balance
6/3	No. 9389	Cov. 378
RIPTION: Stephen of Sunray M B & Bp		
OLES: 362-3x0-		
To Balance Forward		
Feb 4, 51	[scribble]	
"		
"		
Feb 4, 51	3.00	
Feb 5, 1951	40	
Feb 9, 51	20 31	
"		
"		

Compiled by F. J. FEINEMAN. St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry January 6 1951

Name of Deceased Infant Son of Grant Fletcher M.D. (What Race)

Residence Perkins 3rd St West Sonoma ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to:

Address:

Order given by: (or informant)

How Secured:

If Veteran, State War no

Occupation none (Social Security Number) no

Employer and Address:
Jan 26, 1951 7:30 A.
Jan 6, 1951 6 hrs.
 (Date) (Hour)
 (Years) (Months) (Days)
 (Date) (Day of Week) (Hour)
 (Address)

The Deceased:
Sonoma Calif.
 The State: (or U. S. or City or County) (Years) (Months)
 Death:
Community Hospital
 Death:
 Cause:

Physician Carroll B. Andrews (or Coroner)
Sonoma, Calif.
 Father: Grant Fletcher
 Place: S. F. Calif.
 Name of Mother: Virginia Nebecker
 Place: Salt Lake City, Utah
 Remains to:

Casket: 2 1/2 white lamb (State Color and Number)

Manufactured by: S. F.
 Cemetery } Int. Cemetery Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner:

Complete Funeral (except outlays) \$
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to:
 Trip to Coroner's Inquest
 Delivering Box to:
 Deliver Flowers to:
 Removal Charges:
 Procuring Burial Permit Cem. (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 20
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax
 Total Footing of Bill \$ 25
 Less \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance		\$	To Balance Forward		\$
By Payment	\$	\$	By Payment	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$
" "	\$	\$	" "	\$	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 6 1951

Name of Deceased Angelo Bogani
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) None

Residence: Rt. 1 Box 93 Glen Ellen ☐ Husband ☐ Wife ☐ Widow } None
 or of } Age of Husband or Wife (if living) Years

Charge to Oliver Pagan

Address Above

Order given by (or informant)

How Secured: no

If Veteran, State War no

Occupation farmer (Social Security Number) no

Employer and Address

Date of Death Feb 6, 1951 6 9 A.M. (Date) (Hour)

Date of Birth July 19, 1876 (Date)

Age 74 6 17 (Years) (Months) (Days)

Date of Funeral Feb 8 Thurs 10 9 M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman: (Address)

Religion of the Deceased Catholic

Birthplace Italy

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Community Hospital

Cause of Death:

Contributory Causes:

Certifying Physician (or Coroner)

His Address:

Name of Father Baldesari Bogani

His Birthplace Italy

Maiden Name of Mother Idelaida Bogani

Her Birthplace Italy

Motor } Remains to
 Ship }

Size of Casket # 95-14 P (State Color and Number)

Manufactured by Golden State

Cemetery } Catholic Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner.

Complete Funeral (except outlays) \$ 308 -

Casket
 Burial Vault or Box (State Kind) 15 -

Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: 1 grave \$ 25 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero- plane Service, \$
 or Motor }

Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service mass 15 -

line Death Notices in Papers
Dress Democrat 4 00
Pratt Index 3 61

Sales Tax 5 07

Total Footing of Bill \$ 400 68
 Less 16 15 - 30 days \$ 16 15
 Balance \$ 384 53

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

287

Total No. Yearly No. Date of Entry Feb. 7 1951
 Name of Deceased Thomas Neal Brim
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence: Rt. 2 Box 225 So. Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow } Bertrude
 Charge to: Floyd Brim
 Address: Fairfield, Washington
 or of } Age of Husband or Wife (if living) Years

Complete Funeral (except outlays) \$ 488 -
 Casket
 (State Kind)
 (Name of Embalmer)
 Hair Dressing, \$
 Underwear, \$
 (State Kind and Color)
 Hose, \$
 Tarpaulin, \$
 Candles, \$
 Gloves, \$
 Ambulance \$

RAILWAY EXPRESS AGENCY

UNIFORM EXPRESS RECEIPT—NON-NEGOTIABLE—TERMS AND CONDITIONS

1. The provisions of this receipt shall inure to the benefit of and be binding upon the consignor, the consignee and all carriers handling this shipment and shall apply to any reconsignment, or return thereof.

2. In consideration of the rate charged for carrying said property, which is dependent upon the value thereof and is based upon an agreed valuation of not exceeding fifty dollars for any shipment of 100 pounds or less and not exceeding fifty cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared at the time of shipment, the shipper agrees that the company shall not be liable in any event for more than fifty dollars for any shipment of 100 pounds or less, or for more than fifty cents per pound, actual weight, for any shipment weighing more than 100 pounds, unless a greater value is stated herein. Unless a greater value is declared and stated herein the shipper agrees that the value of the shipment is as last above set out and that the liability of the company shall in no event exceed such value.

3. Unless caused by its own negligence or that of its agents, the company shall not be liable for—

- Difference in weight or quantity caused by shrinkage, leakage, or evaporation.
- The death, injury, or escape of live freight.
- Loss of money, bullion, bonds, coupons, jewelry, precious stones, valuable papers, or other matter of extraordinary value, unless such articles are enumerated in the receipt.

4. Unless caused in whole or in part by its own negligence or that of its agents, the company shall not be liable for loss, damage or delay caused by—

- The act or default of the shipper or owner.
- The nature of the property, or defect or inherent vice therein.
- Improper or insufficient packing, securing, or addressing.
- The Act of God, public enemies, authority of law, quarantine, riots, strikes, perils of navigation, the hazards or dangers incident to a state of war, or occurrence in customs warehouse.
- The examination by, or partial delivery to the consignee of C. O. D. shipments.
- Delivery under instructions of consignor or consignee at stations where there is no agent of the company after such shipments have been left at such stations.

5. Packages containing fragile articles or articles consisting wholly or in part of glass must be so marked and be packed so as to insure safe transportation by express with ordinary care.

6. When consigned to a place at which the express company has no office, shipments must be marked with the name of the express station at which delivery will be accepted or be marked with forwarding directions if to go beyond the express company's line by a carrier other than an express company. If not so marked shipments will be refused.

7. As conditions precedent to recovery claims must be made in writing to the originating or delivering carrier within nine months after delivery of the property or, in case of failure to make delivery, then within nine months after date of shipment; and suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof.

8. If any C. O. D. is not paid within thirty days after notice of non-delivery has been mailed to the shipper the company may at its option return the property to the consignor.

9. Free delivery will not be made at points where the company maintains no delivery service; at points where delivery service is maintained free delivery will not be made at addresses beyond the established and published delivery limits.

Special Additional Provisions as to Shipments Forwarded by Vessel from the United States to Places in Foreign Countries.

10. If the destination specified in this receipt is in a foreign country, the property covered hereby shall, as to transit over ocean routes and by their foreign connections to such destination, be subject to all the terms and conditions of the receipts or bills of lading of ocean carriers as accepted by the company for the shipment, and of foreign carriers participating in the transportation, and as to such transit is accepted for transportation and delivery subject to the acts, laws, regulations, and customs of overseas and foreign carriers, custodians, and governments, their employees and agents.

11. The company shall not be liable for any loss, damage, or delay to said shipments over ocean routes and their foreign connections, the destination of which is in a foreign country, occurring outside the boundaries of the United States, which may be occasioned by any such acts, loadings, laws, regulations, or customs. Claims for loss, damage or delay must be made in writing to the carrier at the port of export or to the carrier issuing this receipt within nine months after delivery of the property at said port or in case of failure to make such delivery then within nine months and fifteen days after date of shipment; and claims so made against said delivering or issuing carrier shall be deemed to have been made against any carrier which may be liable hereunder. Suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof. Where claims are not so made, and/or suits are not instituted thereon in accordance with the foregoing provisions, the carrier shall not be liable.

12. It is hereby agreed that the property destined to such foreign countries, and assessable with foreign governmental or customs duties, taxes or charges, may be stopped in transit at foreign ports, frontiers or depositories, and there held pending examination, assessments and payments, and such duties and charges, when advanced by the company shall become a lien on the property.

To Destination Office Fairfield Wash
 Consignee Jaeger & Son Enter Date Shipped Feb 8 1951
 Street Address or Non Agency Destination Funeral Home Receipt Number 35-76-67
 Name of Forwarding Office (1203-D) Crockett, Calif. (M)

Place	Article	Description	Weight	Express Charges
	1	Remains Thomas Neal Brim	500	78.16
				Tax 2.34
Shipper				Total 80.50
Shipper's Street Address				C. O. D.

Class XX Paid Beyond XXX
 Scale or Rate PREPAID Verified by (Original)
 C. O. D. Service Charge Write in YES or NO X
 (Form 5084-C)

SHIPPER'S PREPAID RECEIPT

NOTE—The Company will not pay over \$50, in case of loss, or 50 cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared and charges for such greater value paid.

RAILWAY EXPRESS AGENCY

Received shipment described hereon, subject to the Classifications and Tariffs in effect on the date hereof, value herein declared by Shipper to be that entered in space hereon reading "Declared Value," which the Company agrees to carry upon the terms and conditions printed hereon, to which the Shipper agrees and as evidence thereof accepts this receipt.

Number Pieces 1 For the Company CP

ary 7, 1951

are the
airfield,
or same,

Widow
Calif.

5. State
 30 days \$ 24.40
 Balance \$ 550.61

Diagram of Lot or Vault

Owner

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
SIZE 6/6 NO 1909- H.P. Cov. 87			To Balance Forward		
DESCRIPTION: Sabina Panel & Pillow			By Payment		
Full lined Bianca Cr. Velvet			Feb. 26-51 In full	\$ 550.61	
HANDLES: Eggshell Sr. B & Bp			"		
7300-6x2- Spt. & NT. Hds. & Corners			"		
"			"		
"			"		
"			"		

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.
 Signed
 Witness Address

RECORD OF FUNERAL

Total No. Yearly No. Date Feb 6 1951

Name of Deceased Angelo Bogani
☐ Married ☒ Single ☐ Widowed ☐ Divorced (What Race) W

Residence: Rt. 1 Box 93 Glen Ellen ☐ Home or ☐ Office Years

Charge to Oliver Bogani

Address above

Order given by. (or informant)

How Secured: no

If Veteran, State War

Occupation farmer (Social Security Number) no

Employer and Address

Date of Death Feb 6, 1951 6 9 M. (Date) (Hour)

Date of Birth July 19, 1876 (Date)

Age 74 6 17 (Years) (Months) (Days)

Date of Funeral Feb 8, Thurs 10.9 (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman:

Religion of the Deceased Catholic (Address)

Birthplace Italy

Resided in the State. (or U. S. or City or County) (Years)

Place of Death Community Ho

Cause of Death:

Contributory Causes:

Certifying Physician. (or Coroner)

His Address.

Name of Father Baldesari Bo

His Birthplace Italy

Maiden Name of Mother Idel

Her Birthplace Italy

Motor } Remains to
Ship }

Size of Casket # 95-14 P (State Code and Number)

Manufactured by Golden State

Cemetery } Catholic Cemetery
Crematory }

Diagram of Lot or Vault

Lot No.
Grave No.
Section No.
Block No.
Owner.

Sales Tax 07
Total Footing of Bill 68
Less 16.15 = 30 days \$ 61.5
Balance \$ 38.45
Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
.....	To Above Balance.....	\$.....	.....	To Balance Forward.....	\$.....
.....	By Payment.....	\$.....	.....	By Payment.....	\$.....
.....	" ".....	\$.....	" ".....	\$.....
.....	" ".....	\$.....	" ".....	\$.....
.....	" ".....	\$.....	" ".....	\$.....
.....	" ".....	\$.....	" ".....	\$.....
.....	" ".....	\$.....	" ".....	\$.....
.....	" ".....	\$.....	" ".....	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of.....% per annum.

Signed.....

Witness..... Address.....

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

287

Total No. Yearly No. Date of Entry Feb 7 1951

Name of Deceased Thomas Neal Brim W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 225 G. Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow } Gertrude
 or of } Age of Husband or Wife (if living) Years

Charge to: Floyd Brim

Address: Fairfield, Washington
 given by Atty. Chas. P. Lund
829 Old Nat. Bank Bldg
Spokane Wash

Secured:

Veteran, State War

Occupation Retired wheat farmer no.
 (Social Security Number)

Employer and Address

Date of Death Feb 7, 1951 2:45 P.
 (Date) (Hour)

Date of Birth June 25, 1867

Complete Funeral (except outlays)	\$ 488	-
Casket		
Burial Vault or Box		
Embalming Body		
Barber, \$		
Dressing Body, \$		
Suit or Dress		
Slippers, \$		
Folding Chairs, \$		
Candelabrum, \$		
Door Spray, \$		
Funeral Car \$		
Ambulance \$		

San Francisco Casket Co.

321-335 Valencia Street
 San Francisco, 3
 Telephones Market 1-1146-47

and Evans

al Directors

CALIFORNIA

February 7, 1951

med firm to prepare the
 or shipment to Fairfield,
 and all details for same,

J. H. Brim Widow

225 G. Sonoma, Calif.

Grave No.
 Section No.
 Block No.
 Owner

Sales Tax Out. 5. State
 Total Footing of Bill 575 00
 Less 24 40 30 days
 Balance 550 61

Entered into Ledger, page or below.

Diagram of Lot or Vault

Date Amount Paid Balance

Date

Amount Paid

Balance

SIZE 6/6 No 1909- H.P. Cov. 87

DESCRIPTION:

Sabina Panel & Pillow

Full lined Bianca Cr, Vealvet
Eggshell Sr. B & Bp

HANDLES:

7300-6x2- Spt. & NT. Hds & Corners

Insurance \$ Names of
 Lodges

Insurance
 Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Signed

Address

Witness

RECORD OF FUNERAL

Total No. Yearly No. Date of Death 19.51

Name of Deceased Angelo Bogani

☐ Married ☒ Single ☐ Widowed ☐ Divorced

Residence Rt. 1 Box 93 Glen Allen

Charge to Olivia Bogani

Address above

Order given by (or informant)

How Secured: no

If Veteran, State War

Occupation farmer (Social Security

Employer and Address

Date of Death Feb. 6, 1951 (Date)

Date of Birth July 19, 1876 (Date)

Age 74 (Years)

Date of Funeral Feb. 7 (Date)

Services at St. 7

Clergyman:

Religion of the Deceased

Birthplace Italy

Resided in the State (or)

Place of Death La. m.

Cause of Death:

Contributory Cause

Certifying Physician:

His Address:

Name of Father Baldi

His Birthplace Italy

Maiden Name of Mother

Her Birthplace Italy

Motor Ship } Remains to

Size of Casket # 95

Manufactured by Gold

Cemetery } Cathedral

Diagram of Lot or Vault

Grave No. Sales Tax

Section No. Total Footing of Bill \$ 400.68

Block No. Less 16.15 - 30 days \$ 16.15

Owner Balance \$ 384.53

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Witness Signed Address

RECORD OF FUNERAL

287

Total No. Yearly No. Date of Entry Feb. 7 1951

Name of Deceased Thomas Neal Brim W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2 Box 225 So. Sanoma, Calif. ☐ Husband ☐ Wife ☐ Widow Bertie
 or of Age of Husband or Wife (if living) Years

Charge to: Lloyd Brim
 Address: Fairfield, Washington

Secured by: Attis E. S. Lund
8291 Old Nat. Bank Bldg
Spokane Wash.

Veteran, State War no
 Occupation Retired wheat farmer no
 (Social Security Number)

Employer and Address

Date of Death Feb. 7, 1951 2:45 P.
 (Date) (Hour)

Date of Birth June 25, 1867
 (Date) (Month) (Day)

Time of Funeral Feb. 8, 1951 8 P. M.
 (Date) (Day of Week) (Hour)

Place of Funeral: Fairfield, Washington
 (Address)

Region of the Deceased

Place of Death Missouri
 (or U. S. or City or County) (Years) (Months)

Place of Death Home
 (Address)

Contributory Causes

Attending Physician Vernon Silverthorn, Carson
 (or Coroner)

Address Santa Rosa, Calif.

Name of Father Chas. Brim

Birthplace Scotland

Full Name of Mother Jennie Osborn

Birthplace Missouri

Remains to Fairfield, Wash.

Color of Casket nutmeg cloth
 (State Color and Number)

Manufactured by S. F. Casket Co.

Funeral Home Mt. Hope Cem. 2nd Hope, Wash.

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Diagram of Lot or Vault

Complete Funeral (except outlays) \$ 488 -

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot
 Cremation Card of Thanks 1 -

Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad or Motor Tickets, \$ Aero-plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
 Express fare to Wash. 80.50
 Five Death Notices in Papers
 (Names of Newspapers)

Shirt & tie 5.51
 Sales Tax Out of state
 Total Footing of Bill \$ 579.01
 Less 24.40 30 days \$ 24.40
 Balance \$ 550.61

Entered into Ledger, page or below.

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed
 Address

Witness

Compiled by F. J. FEINEMAN, St. Louis, Mo.

SIZE 6/6 No. 1909- H.P. Cov. 87
 DESCRIPTION: Sabina Panel & Pillow
 Full lined Bianca Cr, Velvet
 Eggshell Sr. B & Bp
 HANDLES: 7300-6x2- Spt. & NT. Hds & Corners

Date	Amount Paid	Balance
	To Balance Forward	\$.....
	By Payment	\$.....
<u>Feb. 7, 51</u>	<u>In full</u>	<u>550.61</u>
"	"	\$.....
"	"	\$.....
"	"	\$.....
"	"	\$.....
"	"	\$.....

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 6 1951Name of Deceased Alex Seaberg☐ Married ☐ Single ☒ Widowed ☐ Divorced (What Race)Residence: 870 Oak St. San Francisco ☐ Husband ☐ Wife ☐ Widow nameCharge to: Balance to Mrs. Ellen Peters, Daughter or of Age of Husband or Wife (if living) Years

Order given by: (or informant)

How Secured:

If Veteran, State War No.Occupation maker of Barrels (Social Security Number) no.

Employer and Address

Date of Death Feb 6, 1951 19 a.m. (Date) (Hour)Date of Birth March 3, 1868 (Date) (Hour)Age 82 (Years) 11 (Months) 3 (Days)Date of Funeral Feb 10, Sat 1P. M. (Date) (Day of Week) (Hour)Services at: ChapelClergyman Rev. Terrell Temple Lodge #14 (Address) 749 m

Religion of the Deceased

Birthplace Sweden

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Sonoma County Hospital

Cause of Death

Contributory Causes

Certifying Physician Urnor Silvershield, Coroner (or Coroner)His Address Santa Rosa, Calif.Name of Father UnknownHis Birthplace SwedenMaiden Name of Mother UnknownHer Birthplace Sweden

Motor } Remains to Ship }

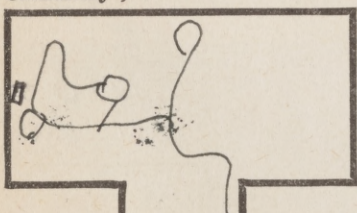
Size of Casket # (State Color and Number)Manufactured by S. F. Casket Co.Cemetery } Mt. Carmel Sonoma, Calif. Crematory }

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 205Casket \$ 15Burial Vault or Box (State Kind) \$ 15Embalming Body (Name of Embalmer) \$ 102.50Barber, \$ Hair Dressing, \$ \$ 15Dressing Body, \$ Underwear, \$ \$ 117.50Suit or Dress (State Kind and Color) \$ 3.50Slippers, \$ Hose, \$ \$ 102.50Folding Chairs, \$ Tarpaulin, \$ \$ 15Candelabrum, \$ Candles, \$ \$ 117.50Door Spray, \$ Gloves, \$ \$ 3.50Funeral Car, \$ Ambulance, \$ \$ 3.50Limousines to Cemetery @ \$ \$ 3.50Extra Limousines @ \$ \$ 3.50Autos to R. R. Station @ \$ \$ 3.50

Getting Remains from:

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges \$ 5.00Procuring Burial Permit \$ 5.00

Certif. Copies of Death Certificates No. (State Number and District) (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$ \$ 5.00Gross Total for Sales Tax \$ 304.64

Outlay for Lot:

Cremation

Flowers, \$ Palms, \$ Matting, \$ \$ 5.50Rental of Tent, \$ of Temporary Vault, \$ \$ 5.50Opening of Grave or Tomb \$ 5.50Lining Grave, \$ Lowering Device, \$ \$ 5.50

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$ \$ 7.50Railroad } Tickets, \$ Aero- } Service, \$ \$ 10.00

or Motor } plane }

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service Music (Dunbar) Rev. Terrell \$ 7.50Line Death Notices in Local Native Papers \$ 3.61

(Names of Newspapers)

Sales Tax \$ 3.53Total Footing of Bill \$ 304.64Less \$ 1.85Balance \$ 302.79

Entered into Ledger, page or below.

Date

Amount Paid

Balance

Date

Amount Paid

Balance

To Above Balance

By Payment

" "

" "

To Balance Forward

By Payment

" "

" "

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SIZE

6/3

No.

9405-Slip cap

Cov Gray Doe

DESCRIPTION:

Lined Regt

Sunray

Rd. Pillow

HANDLES:

382- Hds

Insurance

Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from

maturity at the rate of % per annum.

Signed

Witness Address

RECORD OF FUNERAL

289

Total No. Yearly No. Date of Entry Feb 10 1957

Name of Deceased Philip Maretti

☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Rt. 2, Box 146, Sonoma, Calif. ☐ Husband ☐ Wife ☐ Widow } or of } Age of Husband or Wife (if living) Years

Charge to: Long. Maretti

Address: Above

Order given by (or informant)

How Secured

If Veteran, State War No.

Occupation Wine Maker (Social Security Number)

Employer and Address

Date of Death Feb 10, 1957 unk (Date) (Hour)

Date of Birth May 22, 1896 (Date) (Hour)

Age 54 8 18 (Years) (Months) (Days)

Date of Funeral Feb 13 Tue 9:30 A. M. (Date) (Day of Week) (Hour)

Services at St. Francis

Clergyman (Address)

Religion of the Deceased Catholic

Birthplace Switzerland

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Above Address

Cause of Death

Contributory Causes

Certifying Physician Vernon Silvershield (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Robert Maretti

His Birthplace Switzerland

Maiden Name of Mother Stefana del Braggio

Her Birthplace Switzerland

Motor } Remains to
Ship }

Size of Casket 9.4 x 5.5 Grey Wal (State Color and Number)

Manufactured by S. F.

Cemetery } Catholic Cem. Sonoma
Crematory }

Lot No.
Grave No.
Section No.
Block No.
Owner

Complete Funeral (except outlays) \$ 220

Casket
Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
Dressing Body, \$ Underwear, \$ 2.50
Suit or Dress 10.50 4.00 1.39 1.39 (State Kind and Color)

Slippers, \$ Hose, \$
Folding Chairs, \$ Tarpaulin, \$
Candelabrum, \$ Candles, \$
Door Spray, \$ Gloves, \$
Funeral Car, \$ Ambulance, \$
Limousines to Cemetery @ \$
Extra Limousines @ \$
Autos to R. R. Station @ \$
Getting Remains from
Taking Remains to
Trip to Coroner's Inquest
Delivering Box to
Deliver Flowers to
Removal Charges
Procuring Burial Permit (State Number and District)

— Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
Gross Total for Sales Tax \$
Outlay for Lot 1.00 2.50
Cremation
Flowers, \$ Palms, \$ Matting, \$
Rental of Tent, \$ of Temporary Vault, \$
Opening of Grave or Tomb 2.50 00
Lining Grave, \$ Lowering Device, \$
Outlay for Shipping Charges
Clergyman, \$ Singers, \$ Organist, \$
Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
Telegr., Phone, Cable or Radio Charges
Cash Advanced
Out of town Undertaker's Charges
Personal Service mass 1.50 00

..... line Death Notices in Papers
(Names of Newspapers)

Sales Tax 3.75

Total Footing of Bill \$ 317.14

Less courtesy 159.00 \$ 38.25

Balance \$ 29.25

Entered into Ledger, page or below. 281 89

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$		By Payment	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

SIZE 6/3 No. 9405-Slip cap Cov. Gray Doe

DESCRIPTION: Lined Sunray Rd. Pillow

HANDLES: 382- Hds

For the payment of aforesaid sum, and I hereby covenant and agree to pay the same at maturity at the rate of % per annum.

Witness

Signed
Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

291

Total No. Yearly No. Date of Entry Feb 12 1951

Name of Deceased Arturo Massa

Married Single Widowed Divorced

Residence Sonoma, Calif

Charge to Fernando Massa

Address Sonoma

Order given by

How Secured

If Veteran, State War no

Occupation Retired Hotel Keeper no

Employer and Address

Date of Death Feb 12, 1951 8:09 P

Date of Birth Sept 13, 1875

Age 75-4-29

Date of Funeral Feb 15, Thurs 10:20 A.M.

Services at Chapel

Clergyman Mrs James Reader

Religion of the Deceased Science

Birthplace Italy

Resided in the State

Place of Death Community Hospital

Cause of Death

Contributory Causes

Certifying Physician Carroll B. Andrews M.D.

His Address Sonoma, Calif

Name of Father Giovanni Massaro

His Birthplace Italy

Maiden Name of Mother Isabella Varese

Her Birthplace Italy

Motor Ship Remains to

Size of Casket # 1909 - Can 87

Manufactured by

Cemetery Crematory Chapel of the Chimes S.P.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner

Complete Funeral (except outlays) \$ 4.88

Casket

Burial Vault or Box

Embalming Body

Barber, \$ Hair Dressing, \$

Dressing Body, \$ Underwear, \$

Suit or Dress

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

Certif. Copies of Death Certificate No.

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax \$

Outlay for Lot

Cremation 4.50

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad Tickets, \$ Aero-plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced Reader 10.00

Out of town Undertaker's Charges

Personal Service

Music - Dunbar Oliver 7.50

line Death Notices in Papers

Local Notice 3.61

Examiner 4.40

Chronicle 3.85

Sales Tax 7.32

Total Footing of Bill \$ 57.01

Less 24.40 - 30 days \$ 24.40

Balance \$ 54.57

Entered into Ledger, page or below.

SIZE 6/6 No 1909 - H.P. Cov. 87

DESCRIPTION: Sabina Panel & Pillow

HANDLES: Full lined Bianca Cr. Velvet

Eggshell Suede Crepe B & Bp

7300-6x2- Hals & Corners

2/26/51 statement

Insurance \$

Names of Lodges

Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Signed

Address

Witness

Feb 26, 51

To Balance Forward

By Payment \$ 54.57

" "

" "

" "

" "

" "

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 21 1951

Name of Deceased Julian Walter Albert Pearson
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence: Remond Rural ☒ Husband ☐ Wife ☐ Widow } Adela Pearson (What Race)
 or of } Age of Husband or Wife (if living) Years

Charge to: Adela Pearson

Address.

Order given by. (or informant)

How Secured.

If Veteran, State War.

Occupation Retired Real Estate Broker (Social Security Number)

Employer and Address.

Date of Death Feb 21, 1951 5:10 P.M. (Date) (Hour)

Date of Birth June 11, 1877 (Date) (Month) (Day)

Age 73 (Years) (Months) (Days)

Date of Funeral 2/24/51 Sat 8 A.M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev Buttum (Address)

Religion of the Deceased.

Birthplace London England

Resided in the State. (or U. S. or City or County) (Years) (Months)

Place of Death Warm Springs Road

Cause of Death Cancer of the Prostate

Contributory Cause Prostate

Certifying Physician Arthur E. Thunen (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Henry J. Pearson

His Birthplace England

Maiden Name of Mother Julia Lound

Her Birthplace England

Motor } Remains to Santa Clara Cem

Size of Casket 63 95 H. Swells (State Color and Number)

Manufactured by Golden State Co.

Cemetery } Catholic Cem. Santa Clara

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) \$ 328

Casket.

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 161.50

Dressing Body, \$ Underwear, \$ 48.45

Suit or Dress (State Kind and Color)

Slippers, \$ Hose, \$ 3

Folding Chairs, \$ Tarpaulin, \$ 48.45

Candelabrum, \$ Candles, \$ 3

Door Spray, \$ Gloves, \$ 3

Funeral Car, \$ Ambulance, \$ 3

Limousines to Cemetery @ \$ 3

Extra Limousines @ \$ 3

Autos to R. R. Station @ \$ 3

Getting Remains from.

Taking Remains to.

Trip to Coroner's Inquest.

Delivering Box to.

Deliver Flowers to.

Removal Charges.

Procuring Burial Permit.

— Certif. Copies of Death Certificates No. (State Number and District)

Pall Bearer Service, \$ Use of Chapel, \$ (State Physician's or Coroner's)

Gross Total for Sales Tax. \$

Outlay for Lot.

Cremation.

Flowers, \$ Palms, \$ Matting, \$ 485

Rental of Tent, \$ of Temporary Vault, \$ 345.46

Opening of Grave or Tomb.

Lining Grave, \$ Lowering Device, \$ 3

Outlay for Shipping Charges.

Clergyman, \$ Singers, \$ Organist, \$ 3

Railroad } Tickets, \$ Aero- 3

or Motor } plane Service, \$ 3

Telegr., Phone, Cable or Radio Charges.

Cash Advanced.

Out of town Undertaker's Charges.

Personal Service Rev Buttum 10

..... line Death Notices in See 4

Posted 3 61 (Names of Newspapers)

Sales Tax 485

Total Footing of Bill \$ 345.46

Less. \$

Balance. \$

Entered into Ledger, page. or below.

Date	Statement	Amount Paid	Balance	Date	Statement	Amount Paid	Balance
3/4/51	To Above Balance		\$		To Balance Forward		\$
	By Payment	\$	\$		By Payment	\$	\$
3-30-51	Full settlement	\$	\$		"	\$	\$
	" " see Page 299	\$	\$		"	\$	\$
	" " " " " "	\$	\$		"	\$	\$
	" " " " " "	\$	\$		"	\$	\$
	" " " " " "	\$	\$		"	\$	\$
	" " " " " "	\$	\$		"	\$	\$
	" " " " " "	\$	\$		"	\$	\$

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness. Signed.

Address.

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 18 1957

Name of Deceased Phillip Dent Hinckle H.K.R. William R. Hard
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: Sonoma Blvd. Sonoma Calif. ☒ Husband ☐ Wife ☐ Widow } Jannice Hinckle
 or of } Age of Husband or Wife (if living) Years

Charge to: Ralph H. Hinckle

Address 25. Carnasus Ave S.F. 17

Order given by:

How Secured: 7.14 cash (of Informant)

If Veteran, State War 700

Occupation Attendant State Home (Social Security Number)

City and Address Sonoma, Calif.

Date of Death 2/15/57 (Date) unk. (Hour)

Date of Birth Aug 15, 1951 (Date) 53 (Years) 53 (Months) 53 (Days)

Time of Funeral M. (Day of Week) (Hour)

Place at (Address)

Name of Deceased (Address)

Place of the Deceased Thompsonville, Ill.

Place in the State (or U. S. or City or County) (Years) (Months)

Date of Death Feb 1, 1957 (Date) unk. (Hour)

Date of Death Carbon Monoxide Poisoning

Autopsy Causes.....

Physician J. Silvershield (or Coroner)

Address A. Rosa

Place of Father Phillip Hinckle

Place of Mother Mary E. Tanner

Place of Remains to Nat. Manceley Co. S.F.

Size of Casket 9.3 x 9.5 x 11 (State Color and Number)

Manufactured by Golden State Casket Co.

Cemetery Woodlawn, San Mateo Co.

Diagram of Lot or Vault

Lot No.

Grave No.

Section No.

Block No.

Owner.

Complete Funeral (except outlays) \$ 283 -

Casket.....

Burial Vault or Box.....

Embalming Body..... (State Kind)

Barber, \$..... Hair Dressing, \$..... (Name of Embalmer)

Dressing Body, \$..... Underwear, \$.....

Suit or Dress..... (State Kind and Color)

Slippers, \$..... Hose, \$..... 14.50

Folding Chairs, \$..... Tarpaulin, \$.....

Candelabrum, \$..... Candles, \$..... 42.45

Door Spray, \$..... Gloves, \$.....

Funeral Car, \$..... Ambulance, \$.....

Limousines to Cemetery @ \$.....

Extra Limousines @ \$.....

Autos to R. R. Station @ \$.....

Getting Remains from.....

Taking Remains to.....

Trip to Coroner's Inquest.....

Delivering Box to.....

Deliver Flowers to.....

Removal Charges.....

Procuring Burial Permit..... (State Number and District)

Certif. Copies of Death Certificates No. (State Physician's or Coroner's)

Pall Bearer Service, \$..... Use of Chapel, \$.....

Gross Total for Sales Tax..... \$

Outlay for Lot.....

Cremation.....

Flowers, \$..... Palms, \$..... Matting, \$.....

Rental of Tent, \$..... of Temporary Vault, \$.....

Opening of Grave or Tomb.....

Lining Grave, \$..... Lowering Device, \$.....

Outlay for Shipping Charges.....

Clergyman, \$..... Singers, \$..... Organist, \$.....

Railroad or Motor } Tickets, \$..... Aero-plane Service, \$.....

Telegr., Phone, Cable or Radio Charges.....

Cash Advanced.....

Out of town Undertaker's Charges.....

Personal Service.....

..... line Death Notices in..... Papers..... (Names of Newspapers)

Sales Tax \$ 4.25

Total Footing of Bill \$ 287.25

Less Cash discount \$ 14.15

Balance..... \$ 273.10

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
To Above Balance.....	\$.....	\$.....	To Balance Forward.....	\$.....	\$.....
By Payment.....	\$.....	\$.....	By Payment.....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....
" ".....	\$.....	\$.....	" ".....	\$.....	\$.....

Insurance \$..... Names of Lodges..... Insurance Companies.....

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to..... (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within..... days from date. Interest to accrue from maturity at the rate of..... % per annum.

Signed.....

Witness..... Address.....

RECORD OF FUNERAL

295

Total No. Yearly No. Date of Entry Feb 21 1951

Name of Deceased Julian Walter Albert Pearson
☐ Married ☐ Single ☐ Widowed ☐ Divorced

Residence Reynolds Rural ☒ Husband ☐ Wife ☐ Widow Adela Pearson
 or of } Age of Husband or Wife (if living) Years

Charge to Adela Pearson

Address

Order given by (or informant)

How Secured

If Veteran, State War

Occupation Retired Real Estate Broker
 (Social Security Number)

Employer and Address

Date of Death Feb 21, 1951 5:10 P.M.
 (Date) (Hour)

Date of Birth June 11, 1877
 (Date) (Month) (Day)

Age 73
 (Years) (Months) (Days)

Date of Funeral Feb 24, 1951 8 A.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Buttner
 (Address)

Religion of the Deceased

Birthplace London, England

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death Wynn Springs Road
 (State Number and District)

Cause of Death Cancer
 (State Physician's or Coroner's)

Contributory Causes Prostate

Certifying Physician Dr. E. Thunen
 (or Coroner)

His Address Santa Rosa, Calif.

Name of Father Henry J. Pearson

His Birthplace England

Maiden Name of Mother Dulcia Lound

Her Birthplace England

Motor } Remains to Santa Clara Cem.
 Burial

Size of Casket 63 x 95 H. Swells
 (State Color and Number)

Manufactured by Golden State Co.

Cemetery } Catholic Cem. Santa Clara
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 323

Casket

Burial Vault or Box (State Kind)

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$ 161.50

Dressing Body, \$ Underwear, \$ 3

Suit or Dress (State Kind and Color) 48.45

Slippers, \$ Hose, \$

Folding Chairs, \$ Tarpaulin, \$

Candelabrum, \$ Candles, \$

Door Spray, \$ Gloves, \$

Funeral Car, \$ Ambulance, \$

Limousines to Cemetery @ \$

Extra Limousines @ \$

Autos to R. R. Station @ \$

Getting Remains from

Taking Remains to

Trip to Coroner's Inquest

Delivering Box to

Deliver Flowers to

Removal Charges

Procuring Burial Permit

— Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$

Gross Total for Sales Tax

Outlay for Lot

Cremation

Flowers, \$ Palms, \$ Matting, \$

Rental of Tent, \$ of Temporary Vault, \$

Opening of Grave or Tomb

Lining Grave, \$ Lowering Device, \$

Outlay for Shipping Charges

Clergyman, \$ Singers, \$ Organist, \$

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$

Telegr., Phone, Cable or Radio Charges

Cash Advanced

Out of town Undertaker's Charges

Personal Service

line Death Notices in See Page
 (Names of Newspapers)

Sales Tax 4.85

Total Footing of Bill \$ 345.46

Less

Balance \$

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
3/4/51	Statement To Above Balance			To Balance Forward	
	By Payment			By Payment	
3-30-51	See Page 299		Nov 7, 1951	345.46	

Insurance \$ Names of Lodges Insurance Companies

I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 (Firm Name of Funeral Directors.)

for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from maturity at the rate of % per annum.

Witness Signed

Address

Compiled by F. J. FEINEMAN, St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 22 1957

Name of Deceased Homer Eugene Wyatt W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Rape)

Residence 2834 Greenwich St. S.E. ☒ Husband ☐ Wife ☐ Widow } Amelia
 or of } Age of Husband or Wife (if living) Years

Charge to Amelia Wyatt

Address 2834 Greenwich St. S.E.

Order given by (or informant)

How Secured

If Veteran, State War none

Occupation Retired Service Station Op. (Social Security Number)

Employer and Address

Date of Death 2/22/57 7:30 P.M.
 (Date) (Hour)

Date of Birth May 1869
 (Years) (Months) (Days)

Age 81

Date of Funeral 2/24/57 Sat 2 P.M.
 (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman Rev. Loken (Address)

Religion of the Deceased

Birthplace Carson City Nevada

Resided in the State (or U. S. or City or County) (Years) (Months)

Place of Death 2834 Greenwich St. S.E.

Cause of Death Massive retroperitoneal hemorrhage due to spontaneous rupture of aneurysm, lumbar aorta non fatal

Contributory Causes

Certifying Physician John J. Kingston M.D. (or Coroner)

His Address 150 N. 1st St.

Name of Father Wm Wyatt

His Birthplace

Maiden Name of Mother Amelia Brown

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by

Cemetery } Mt. Carmel Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 200

Casket
 Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress suit 10.50
 (State Kind and Color)

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to A.F. Permit
 Removal Charges 1
 Procuring Burial Permit
 (State Number and District)

Certif. Copies of Death Certificates No.
 (State Physician's or Coroner's)

Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot 2 posts @ 2.50 5
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 60
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Rev. Loken (By themselves)
 line Death Notices in Papers
 (Names of Newspapers)

Sales Tax funeral + suit 3.77
 Total Footing of Bill \$ 203.88
 Less \$10.75
 Balance \$ 293.13

Entered into Ledger, page or below.

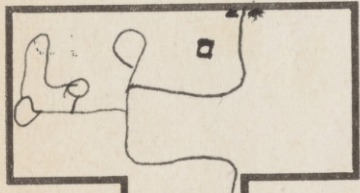


Diagram of Lot or Vault

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 8, 1957	Statement				
	To Above Balance			To Balance Forward	
	By Payment		March 14, 1957	By Payment	
	" "			" full	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 26 1951
 Name of Deceased Gabrielle J. Heggie
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt 1 Box 233 Sonoma ☐ Husband ☐ Wife ☐ Widow Marman
 Charge to Marman J. Heggie or of Age of Husband or Wife (if living) Years
 Address abode
 Order given by (or informant)
 How Secured :
 If Veteran, State War No
 Occupation at home (Social Security Number)
 Employer and Address
 Date of Death Feb 26, 1951 10:45-9 (Date) (Hour)
 Date of Birth Feb 21, 1868
 Age 83 (Years) (Months) (Days)
 Date of Funeral Mar 1, Thurs 11:00 A.M. (Date) (Day of Week) (Hour)
 Services at St Francis

Complete Funeral (except outlays) \$ 3.50 -
 Casket
 Burial Vault or Box 15 -
 Embalming Body (State Kind)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$ 17.5
 Folding Chairs, \$ Tarpaulin, \$ 1.5
 Candelabrum, \$ Candles, \$ 19.0
 Door Spray, \$ Gloves, \$ 1.3
 Funeral Car, \$ Ambulance, \$ 5.70
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from

No. March 1, 1951 1951
RECEIVED OF Bates & Evans, Funeral Directors
one gold color Brooch, with red setting 100 DOLLARS
 From, Mrs. Gabrielle Heggie (deceased)
 \$ Signed, Amy E. Heggie

Maiden Name of Mother Camille Jurrel
 Her Birthplace France
 Motor } Remains to
 Ship }
 Size of Casket 97 1/2 Wm Cors. Cedar Rose (State Color and Number)
 Manufactured by Seik Plush
 Cemetery Mt. Cem. Sonoma, Calif
 Crematory



Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15.00
 line Death Notices in Papers
Democrat 4.00
Index Tribune 3.61
 Sales Tax 5.70
 Total Footing of Bill \$ 45.31
 Less 18.25 30 days \$ 18.25
 Balance \$ 43.50
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 3, 1951	To Above Balance	\$ 0.00		To Balance Forward	\$ 43.50
	By Payment	\$ 0.00	March 26	By Payment	\$ 43.50
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00
	" "	\$ 0.00		" "	\$ 0.00

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.

Witness Signed
 Address

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 22 1957

Name of Deceased Homer Eugene Wyatt W
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Rape)

Residence 2834 Greenwark St. S.E. ☒ Husband ☐ Wife ☐ Widow } Amelia
 or of } Age of Husband or Wife (if living) Years

Charge to Amelia Wyatt

Address 2834 Greenwark St. S.E.

Order given by (or informant)

How Secured:

If Veteran, State War None

Occupation Retired Service Station Op. (Social Security Number)

Employer and Address

Date of Death 2/22/57 7:30 AM
 (Date) (Hour)

Date of Birth May 1869
 (Years) (Months) (Days)

Age 81

Date of Funeral 2/24/57 2
 (Date) (Day of Week)

Services at Chapel

Clergyman Rev. Loken (Address)

Religion of the Deceased

Birthplace Carson City, Nevada

Resided in the State (or U. S. or City or County) (Year)

Place of Death 2834 Greenwark St.

Cause of Death Massive retroperitoneal hemorrhage due to spontaneous rupture of aneurysm, lumbar.

Contributory Causes

Certifying Physician John J. King (or Coroner)

His Address 2834 Greenwark St.

Name of Father Wm. Wyatt

His Birthplace

Maiden Name of Mother Amelia Brown

Her Birthplace

Motor } Remains to
 Ship }

Size of Casket (State Color and Number)

Manufactured by:

Cemetery } Mt. Carmel Sonoma
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 200

Casket
 Burial Vault or Box (State Kind) 15

Embalming Body (Name of Embalmer)

Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress Suit (State Kind and Color) 10.50

Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 to Cemetery @ \$
 @ \$ 100
25.50
125.50
150

Opening
 Lining Grave, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service
Rev. Loken (By themselves)
 line Death Notices in Papers
 (Names of Newspapers) 3.61

Sales Tax funeral + suit 3.22

Total Footing of Bill \$ 203.88

Less \$ 10.75

Balance \$ 293.13

Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 8, 1957	Statement				
	To Above Balance			To Balance Forward	
	By Payment		March 14, 1957	By Payment	\$ 293.13
	" "			" full	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

297

Total No. Yearly No. Date of Entry Feb 26 1951
 Name of Deceased Gabrielle J. Heggie
☒ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence Rt 1 Box 233 Sonoma ☐ Husband ☐ Wife ☐ Widow Norman
 Charge to Norman J. Heggie or of Age of Husband or Wife (if living) Years

Address abode
 Order given by (or informant)
 How Secured :
 If Veteran, State War No
 Occupation at home (Social Security Number)
 Employer and Address
 Date of Death Feb 26, 1951 10:45-9 (Date) (Hour)
 Date of Birth Feb 21, 1868
 Age 83 (Years) (Months) (Days)
 Date of Funeral Mar 1, Thurs 11 A.M. (Date) (Day of Week) (Hour)
 Services at St Francis

Clergyman : (Address)
 Religion of the Deceased Catholic
 Birthplace Sonoma, Calif
 Resided in the State (or U. S. or City or County) (Years) (Months)
 Place of Death Elmwood Rest Home
 Cause of Death Primary occlusion acute
 Contributory Causes Myocarditis Chronic
Primary & Cerebral arteriosclerosis
 Certifying Physician Wm J. Newman M.D. (or Coroner)
 His Address Sonoma, Calif
 Name of Father Camille G. Guelton
 His Birthplace France
 Maiden Name of Mother Camille Jurrel
 Her Birthplace France

Motor } Remains to
 Ship }
 Size of Casket 9 1/2 x 18 x 18 Cedar Rose (State Color and Number)
 Manufactured by Sub. Plunk
 Cemetery Mt. Cem. Sonoma, Calif
 Crematory



Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 350 -
 Casket
 Burial Vault or Box 15 - (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit 5 00 (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax
 Outlay for Lot
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service 15 00

 line Death Notices in Papers
 (Names of Newspapers)
 Sales Tax 5 20
 Total Footing of Bill \$ 453 31
 Less 18 25 30 days
 Balance \$ 435 06
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 3, 1951	To Above Balance	ARH.		To Balance Forward	
	By Payment		March 26	By Payment	
	" "			" <u>Inf. full</u>	<u>435 06</u>
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	
	" "			" "	

Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address
 Witness
 Compiled by F. J. FEINEMAN St. Louis, Mo.

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 25 1951

Name of Deceased William J. Leonhardt W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 717 Sutter St. S.F. (9) ☐ Husband ☐ Wife ☐ Widow Victoria
 or of Age of Husband or Wife (if living) Years

Charge to Mrs. Victoria Leonhardt

Address Above

Order given by (or informant)

How Secured:

If Veteran, State War None

Occupation Retired Bartender 546-18058 (Social Security Number)

Employer and Address

Date of Death Feb 25-1951 11:20 PM
 (Date) (Hour)

Date of Birth May 15, 1877
 (Years) (Months) (Days)

Age 73

Date of Funeral 2-28-51 Wed 9:30 A.M.
 (Date) (Day of Week) (Hour)

Services at: St. Francis Church

Clergyman: Rev. John Roberts (Address)

Religion of the Deceased Catholic

Birthplace San Francisco

Resided in the State Life (or U.S. or City or County) (Years) (Months)

Place of Death San Francisco

Cause of Death Mesenteric Thrombosis

Contributory Causes

Certifying Physician Russell R. Klein M.D. (or Coroner)

His Address 490 Post St. San Francisco

Name of Father Paul Leonhardt

His Birthplace Germany

Maiden Name of Mother Elizabeth Freygenhauer

Her Birthplace San Francisco

Motor } Remains to
 Ship }

Size of Casket none furnished (State Color and Number)

Manufactured by

Cemetery } Catholic Cemetery
 Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Chapel Service
 Complete Funeral (except outlays) \$ 50 -
 Casket
 Burial Vault or Box (State Kind) 15 -
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from: Isolates 3 50
 Taking Remains to: marker 3 50
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges from S.F. 21 -
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot: 3 Graves 15 -
 Cremation
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb 25 -
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
 or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced
 Out of town Undertaker's Charges
 Personal Service Mass 15 00
 line Death Notices in Papers
Index Tribune 3 61
 (Names of Newspapers)

Sales Tax on By Isolates marker 66
 Total Footing of Bill \$ 212 27
 Less
 Balance
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
	To Above Balance	\$		To Balance Forward	\$
<u>March 8, 1951</u>	By Payment <u>Statement</u>	\$	<u>March 22</u>	By Payment <u>Inf full</u>	\$ <u>212</u> <u>27</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

Insurance \$ Names of Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum.
 Signed
 Address

RECORD OF FUNERAL

Total No..... Yearly No..... Date of Entry..... March 6.....1951
 Name of Deceased..... Adela Pearson.....
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)
 Residence: Warm Springs Rd. Kenwood..... ☐ Husband ☐ Wife ☐ Widow Julius W. A.
 or..... of Age of Husband or Wife (if living)..... Years
 Charge to: Frederick Coolidge
 Address: 1779 The Alameda San Jose, Calif.
 Order given by..... above.....
 (or informant)
 How Secured:.....
 Complete Funeral (except outlays)..... \$ 323 -
 Casket.....
 Burial Vault or Box.....
 Embalming Body..... (State Kind)

SANTA CLARA CATHOLIC CEMETERY

1352

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

April.....51

Received of the above named firm, Creditors Claim in the amount of \$345.46, for funeral expenses of Julian Walter Pearson, Also Creditors Claim in the amount of \$500.46, for funeral expenses of Adela Pearson, which I will file against the Pearson Estate.

Signed.....

Prest 10

BY Edmund A. Moore

Grave No.....		Total Footing of Bill.....	\$	500.46
Section No.....		Less 16.15- 30 days.....	\$	
Block No.....		Balance.....	\$	
Owner.....		Entered into Ledger, page.....or below.		

Date		Amount Paid	Balance	Date		Amount Paid	Balance
Attorney	To Above Balance.....	\$			To Balance Forward.....	\$	
	By Payment.....	\$			By Payment.....	\$	
J. Marus Becchetti		\$			"	\$	
Bank of America Bldg.		\$		Nov 7, 1951	"	\$	
San Jose Calif.		\$			"	\$	
"		\$			"	\$	
"		\$			"	\$	
3-30-51	Filed with Attorney	\$			"	\$	

SIZE 6/3

No. 9389

Cov. 378

Insurance Companies.....

DESCRIPTION:

Stephen of Sunray

M B & Bp

HANDLES:

362-3x0- Hdl

ident resources Legally available to.....

same within.....

Signed.....

Address.....

EMAN St. Louis, Mo.

(Firm Name of Funeral Directors.)

days from date. Interest to accrue from

RECORD OF FUNERAL

Total No. Yearly No. Date of Entry March 6 19 51
 Name of Deceased Adela Pearson
☐ Married ☐ Single ☐ Widowed ☐ Divorced
 Residence Warm Springs Rd. Kenwood ☐ Husband ☐ Wife ☐ Widow Julius W. A. (What Race)
 Charge to Frederick Coolidge or of Age of Husband or Wife (if living) Years
 Address 1779 The Alameda San Jose, Calif.
 Order given by above (or informant)
 How Secured:

Complete Funeral (except outlays) \$ 323 -
 Casket
 Burial Vault or Box
 Embalming Body (State Kind)

SANTA CLARA CATHOLIC CEMETERY A 1352

TELEPHONES:
 OFFICE: AXMINSTER 6-4656
 RES. AXMINSTER 6-3903

SANTA CLARA, CALIF. Mar 6 19 51

CHARGE Bates & Crane Funeral Home
Sonoma

ACCOUNT OF Adela Pearson
 FUNERAL DIRECTOR Bates & Crane

LOT 227 BLOCK 2600 SIZE 3-6 X 8-0

PERPETUAL CARE

BURIAL SERVICES

redwood grave box

60 00
25 00
20 00
105 00
20 00
125 00

The undersigned agrees to pay for the above and to comply with all rules and regulations of the Cemetery.

Signed

Priest 10

PAID
Mar. 7, 1951
In full
 BY Edmund A. Moore

Grave No. Section No. Block No. Owner Diagram of Lot or Vault	Total Footing of Bill	\$ <u>500.46</u>
	Less <u>16.15 - 30 days</u>	\$
	Balance	\$
	Entered into Ledger, page or below.	

Date	Amount Paid	Balance	Date	Amount Paid	Balance
<u>Attorney</u>					
To Above Balance		\$	To Balance Forward		\$
By Payment		\$	By Payment		\$
<u>J. Marins Becchetti</u>		\$	<u>"</u>		\$
<u>Bank of America Bldg.</u>		\$	<u>"</u>		\$
<u>San Jose Calif.</u>		\$	<u>Nov 7, 1951</u>		\$
<u>"</u>		\$	<u>"</u>		\$
<u>"</u>		\$	<u>"</u>		\$
<u>"</u>		\$	<u>"</u>		\$
<u>3-30-51 Paid with attorney</u>		\$	<u>"</u>		\$

SIZE 6/3 No. 9389 Cov. 378 Insurance Companies
 DESCRIPTION: Stephen of Sunray M B & Bp 362-3x0- Hdls
 HANDLES: 362-3x0- Hdls
 Agent resources Legally available to (Firm Name of Funeral Directors.)
 same within days from date. Interest to accrue from
 Signed
 Address

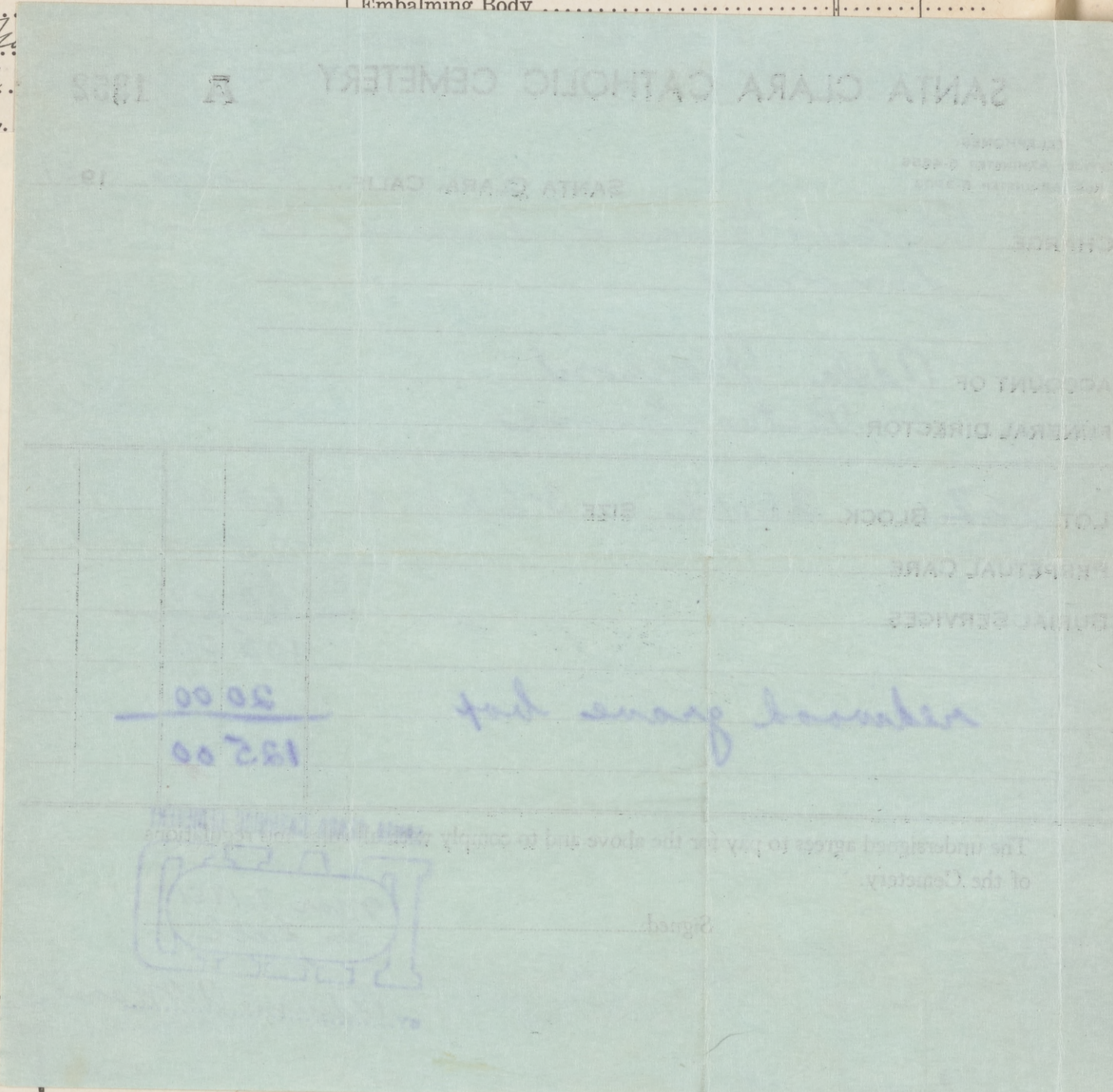
RECORD OF FUNERAL

Total No. Yearly No. Date of Entry Feb 25 1951

Name of Deceased William J. Leonhardt W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence: 717 Sutter St. S.F. (9) ☐ Husband ☐ Wife ☐ Widow } Victoria
or of } Age of Husband or Wife (if living) Years

Charge to Mrs. Victoria Leonhardt Chapel Service
Address: Above Complete Funeral (except outlays) \$ 50 -
Order given by (or informant) Casket
How Secured: Burial Vault or Box \$ 15 -
If Veteran, State War (State Kind)
Occupation Retired Embalming Body
Employer and Address
Date of Death
Date of Birth Mar
Age 73
(Years)
Date of Funeral 2-27
Services at: St.
Clergyman: Rev.
Religion of the Deceased
Birthplace S.A.
Resided in the State
Place of Death St.
Cause of Death M.
Contributory Causes
Certifying Physician
His Address H.P.O.
Name of Father Paul
His Birthplace Ill.
Maiden Name of Mother
Her Birthplace S.A.
Motor } Remains to
Ship }
Size of Casket no.
Manufactured by
Cemetery } Catholic
Crematory }



Grave No. Total Footing of Bill \$ 212.27
Section No. Less \$
Block No. Balance \$
Owner Entered into Ledger, page or below.

Diagram of Lot or Vault		Amount Paid		Balance		Amount Paid		Balance	
Date						Date			
	To Above Balance						To Balance Forward		
	By Payment	\$		\$			By Payment	\$	
<u>March 8, 1951</u>	<u>Statement</u>					<u>July</u>	<u>212.27</u>		
	" "	\$		\$		"		\$	
	" "	\$		\$		"		\$	
	" "	\$		\$		"		\$	
	" "	\$		\$		"		\$	
	" "	\$		\$		"		\$	
	" "	\$		\$		"		\$	

Insurance \$ Names of Lodges Insurance Companies
I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
maturity at the rate of % per annum.
Signed
Witness Address

RECORD OF FUNERAL

Total No.		Yearly No.		Date of Entry		March 6 1951	
Name of Deceased		Idela Pearson		(What Race)		W	
Residence:		Warm Springs Rd. Kenwood -		<input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Widow or of		Julius W. A. Age of Husband or Wife (if living) Years	
Charge to:		Frederick Coolidge					
Address:		1779 The Alameda San Jose, Calif.					
Order given by		above					
How Secured: ..		(or informant)					
Veteran, State War ..		no					
Occupation ..		at home					
Employer and Address ..		(Social Security Number)					
Date of Death ..		March 6, 1951		12:30 A.			
Date of Birth ..		August 8, 1881		(Date)		(Hour)	
Time of Funeral ..		March 7, Wed		8 A.		M.	
Services at ..		Catholic Church at Glen Ellen					
Clergyman: ..		(Address)					
Religion of the Deceased ..		Catholic					
Burial place ..		Mexico					
Buried in the State ..		(or U. S. or City or County)		(Years)		(Months)	
Place of Death ..		Santa Rosa Memorial Hospital					
Cause of Death ..		Acute Myocardial failure					
Contributory Causes ..		Pulmonary					
Certifying Physician ..		R. V. Harriman					
Address ..		576 B. St. Santa Rosa					
Name of Father ..		Frederick Plank					
Birthplace ..		Unknown					
Full Name of Mother ..		Melinda Conant					
Birthplace ..							
Remains to ..		Santa Clara, Calif.					
Color of Casket ..		9289- Con 378					
Manufactured by ..		A. F.					
Cemetery ..		Santa Clara Catholic Cem.					
Diagram of Lot or Vault							
Lot No.							
Grave No.							
Section No.							
Block No.							
Owner ..							
Complete Funeral (except outlays) ..		\$ 323 -					
Casket ..							
Burial Vault or Box ..		(State Kind)					
Embalming Body ..		(Name of Embalmer)					
Barber, \$..		Hair Dressing, \$..		16.15			
Dressing Body, \$..		Underwear, \$..					
Suit or Dress ..		(State Kind and Color)		48.45			
Slippers, \$..		Hose, \$..					
Folding Chairs, \$..		Tarpaulin, \$..					
Candelabrum, \$..		Candles, \$..					
Door Spray, \$..		Gloves, \$..					
Funeral Car, \$..		Ambulance, \$..					
Limousines to Cemetery ..		@ \$..					
Extra Limousines ..		@ \$..					
Autos to R. R. Station ..		@ \$..					
Getting Remains from ..		Santa Clara Cem.		13.50			
Taking Remains to ..		Grave 85					
Trip to Coroner's Inquest ..		Opening 20					
Delivering Box to ..		Box 20					
Deliver Flowers to ..		Crest 10					
Removal Charges ..		Procuring Burial Permit ..					
Certif. Copies of Death Certificates No. ..		(State Number and District)					
Pal Bearer Service, \$..		Use of Chapel, \$..					
Gross Total for Sales Tax ..		\$..					
Outlay for Lot ..							
Cremation ..							
Flowers, \$..		Palms, \$..		Matting, \$..			
Rental of Tent, \$..		of Temporary Vault, \$..					
Opening of Grave or Tomb ..							
Lining Grave, \$..		Lowering Device, \$..					
Outlay for Shipping Charges ..							
Clergyman, \$..		Singers, \$..		Organist, \$..			
Railroad } Tickets, \$..		Aero-plane Service, \$..					
or Motor } ..							
Telegr., Phone, Cable or Radio Charges ..							
Cash Advanced ..							
Out of town Undertaker's Charges ..							
Personal Service ..		Mass		15.00			
Casket ..		Spray		15.00			
Line Death Notices in ..		Papers					
Press Democrat ..		4.00					
Posted Index Tribune ..		3.61					
Sales Tax ..		4.85					
Total Footing of Bill ..		\$ 500.46					
Less ..		16.15 - 30 days					
Balance ..		\$..					
Entered into Ledger, page ..		or below.					

Date		Amount Paid	Balance	Date	Amount Paid	Balance
Attorney -						
To Above Balance.					To Balance Forward.	
By Payment					By Payment	
J. Marcus Becchetti					" "	
Bank of America Bldg.				Nov 7, 1957	"	500 46
Santa Jose, Calif.					J. J. J.	
" "					" "	
" "					" "	
3-30-57 Filed with Attorney					" "	

SIZE 6/3 No. 9389

Cov. 378

Insurance Companies

DESCRIPTION:

Stephen of Sunray
M B & Bp

HANDLES:

362-3x0- Hdls

ident resources Legally available to.....
(Firm Name of Funeral Directors.)
e same within.....days from date. Interest to accrue from

Signed.

Address

EMAN. St. Louis, Mo.

Total No. Yearly No. Date of Entry March 7 1951

Name of Deceased Estella M. Clark W.
☐ Married ☐ Single ☐ Widowed ☐ Divorced (What Race)

Residence Box 79 - Glen Ellen - ☐ Husband ☐ Wife ☐ Widow James E. Clark
 or of Age of Husband or Wife (if living) Years

Charge to Robert E. Clark

Address 1012 Santa Fe Ave Albany

Order given by Above (or informant)

How Secured:

If Veteran, State War no

Occupation at home none (Social Security Number)

Employer and Address

Date of Death March 7, 1951 - 6:30 A. (Date) (Hour)

Date of Birth March 1, 1876 (Date) (Hour)

Age 74 0 6 (Years) (Months) (Days)

Date of Funeral March 9, Fri 1 P. M. (Date) (Day of Week) (Hour)

Services at Chapel

Clergyman: (Address)

Religion of the Deceased

Birthplace Petaluma

Resided in the State Calif (or U. S. or City or County) (Years) (Months)

Place of Death Home

Cause of Death:

Contributory Causes:

Certifying Physician Carroll B. Andrews M.D. (or Coroner)

His Address Sanoma, Calif

Name of Father Laurence W. Thompson

His Birthplace

Maiden Name of Mother Lylia Bookbitt

Her Birthplace

Motor } Remains to
Ship }

Size of Casket Orchid's C. (State Color and Number)

Manufactured by Soldin State Co. Co.

Cemetery } Chapel of the Chimes R.
Crematory }

Diagram of Lot or Vault

Lot No.
 Grave No.
 Section No.
 Block No.
 Owner

Complete Funeral (except outlays) \$ 4.79 -
 Casket
 Burial Vault or Box (State Kind)
 Embalming Body (Name of Embalmer)
 Barber, \$ Hair Dressing, \$
 Dressing Body, \$ Underwear, \$
 Suit or Dress (State Kind and Color)
 Slippers, \$ Hose, \$
 Folding Chairs, \$ Tarpaulin, \$
 Candelabrum, \$ Candles, \$
 Door Spray, \$ Gloves, \$
 Funeral Car, \$ Ambulance, \$
 Limousines to Cemetery @ \$
 Extra Limousines @ \$
 Autos to R. R. Station @ \$
 Getting Remains from:
 Taking Remains to
 Trip to Coroner's Inquest
 Delivering Box to
 Deliver Flowers to
 Removal Charges
 Procuring Burial Permit (State Number and District)
 Certif. Copies of Death Certificates No. (State Physician's or Coroner's)
 Pall Bearer Service, \$ Use of Chapel, \$
 Gross Total for Sales Tax \$
 Outlay for Lot:
 Cremation permit - 4.50
 Flowers, \$ Palms, \$ Matting, \$
 Rental of Tent, \$ of Temporary Vault, \$
 Opening of Grave or Tomb
 Lining Grave, \$ Lowering Device, \$
 Outlay for Shipping Charges
 Clergyman, \$ Singers, \$ Organist, \$
 Railroad } Tickets, \$ Aero-
or Motor } plane Service, \$
 Telegr., Phone, Cable or Radio Charges
 Cash Advanced Don't
 Out of town Undertaker's Charges Alma
 Personal Service Organ music 7.50
minister - Rev. Chapman 10.00
 ... line Death Notices in Papers
Index Tribune Post 3.61
Press Democrat 4.00
 Sales Tax 7.19
 Total Footing of Bill \$ 556.80
 Less 23.95 - 30 days \$
 Balance \$
 Entered into Ledger, page or below.

Date	Amount Paid	Balance	Date	Amount Paid	Balance
March 9, 1951	To Above Balance	\$		To Balance Forward	\$
	By Payment	\$	March 15	By Payment	\$
	" "	\$		" " <u>an acct</u>	\$ <u>150 -</u>
	" "	\$	April 11	" " <u>Int'l</u>	\$ <u>382.85</u>
	" "	\$		" "	\$
	" "	\$		" "	\$
	" "	\$		" "	\$

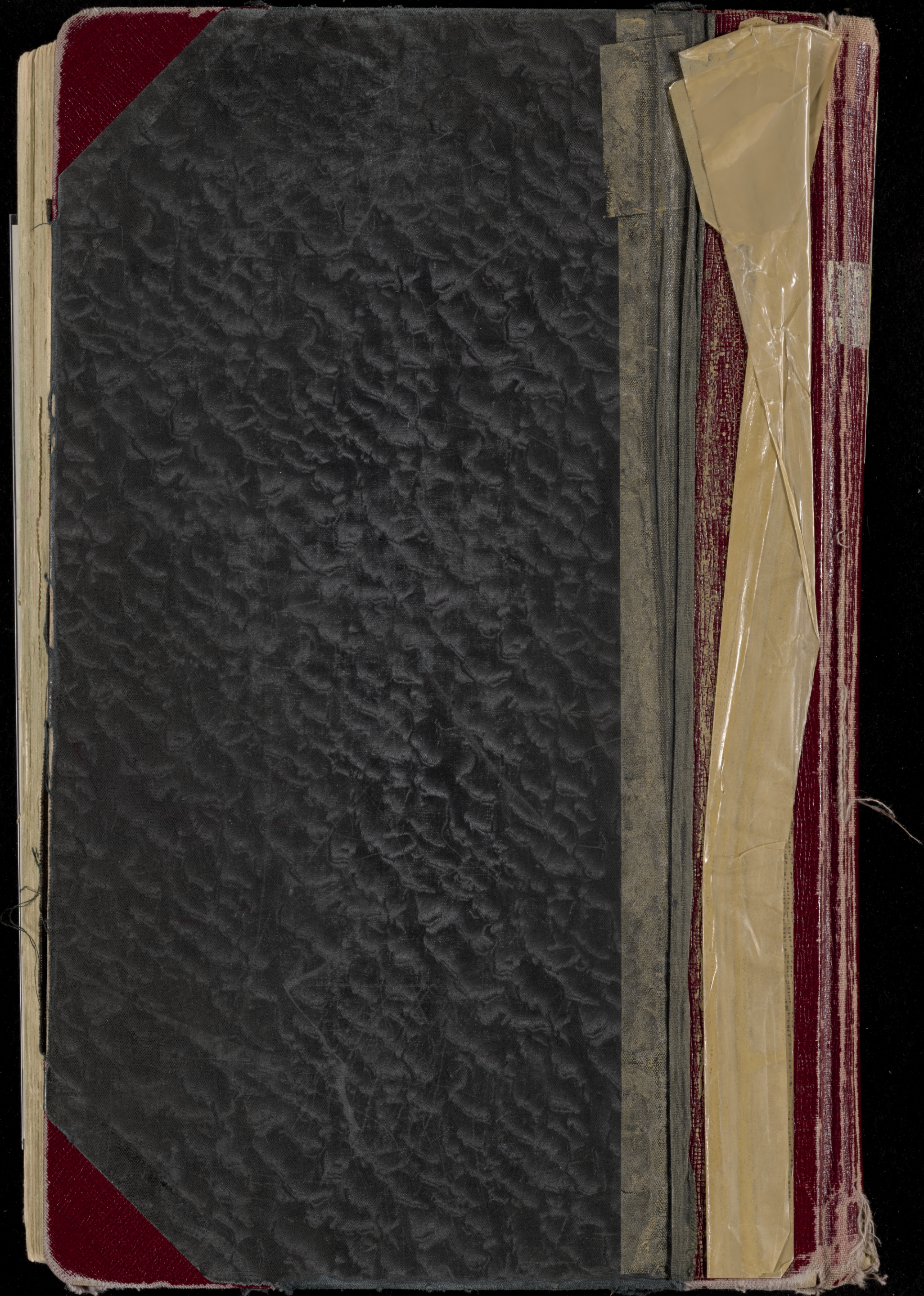
Insurance \$ Names of Lodges Insurance Companies
 I hereby authorize the above Funeral, and I hereby represent that I have sufficient resources Legally available to (Firm Name of Funeral Directors.)
 for the payment of aforesaid sum, and I hereby covenant and agree to pay the same within days from date. Interest to accrue from
 maturity at the rate of % per annum. Signed
 Witness Address

Baby Gaskets -

2/0 - 9	25	- 3 1/2 + 25 - 51	+ 6 ⁰⁰
2/6 - 10	30	- 3 1/2 + 35 - 71	- 8 ⁰⁰
3/0 - 14	10	- 3 1/2 + 35 - 84	- 10 ⁰⁰
4/0 - 20	90	- 3 1/2 + 50 - 123	- 12 ⁰⁰

Catholic
Prayers

Oct 7, 1948 - Check # 231 - Bank of America. Books -
Page 231 inclusive -
Jan 4, 1949 - " # 287 Bank of America ~~Page~~.
from Oct 1 - to Dec 31 Inc.
June 4, 1949 - " # 614
from Jan 1 - to May 21 Inc.
from May 22 to Oct 24. Inc.
Oct. 24, 1949 - " # 937 -
from Oct 24 to Jan 1 Inc.
Jan 9, 1950 - " # 1115
from Jan. to June 1, 1950
Jan 7, 1950 " # 1474
from June 1, 1950 - Jan 1, 1951
Jan 4, 1950 " # 3313 -



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Duplicate
Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of Frank Slavicek

Deceased

PHONE SONOMA 2686

May 6, 1950

194

Casket & complete funeral services	\$160.00
Suit, Underwear & tax	20.60
One grave	25.00
Opening grave	25.00
Mass	15.00
Local funeral notice	2.58
Sales Tax	2.63
Total	\$250.81
Feb. 26, 1950 Pd. on acc't by Joe Kucera	\$100.00
April 1, 1950 Pd on acc't By Vernon Silvershield, Coroner	85.64
April 7, 1950 Pd. by Joe Kucera	550.00
	\$240.64
Less courtesy discount	10.17
	\$250.81
April 7, 1950 Paid in full	
Bates & Evans	
By Ernest Evans, Owner	

Bates + Evans
Mortuary Records
6/30/48-3/7/51 Pg. 179

(12)

(12)

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Bates & Evans
Funeral Directors
Sonoma, California

Mr. _____

Funeral of Frank Slavicek
Deceased _____

Phone Sonoma 2586
May 6, 1950 194

Funeral & complete funeral services	\$180.00
Casket, hardwood & oak	20.00
One grave	25.00
Opening grave	25.00
Mass	15.00
Local funeral notice	2.50
Graves tax	2.50
	\$250.00
Feb. 25, 1950 paid acc't by Joe Knecht	\$100.00
April 1, 1950 paid on acc't by	
Victim Slavicek, Coroner	85.64
April 7, 1950 paid by Joe Knecht	25.00
	\$240.64
Balance due	10.36
	\$250.00
April 7, 1950 paid in full	
Balance - none	
By _____	

Bates + Evans
Mortuary Records
6/30/48-3/7/51 Pg. 179

(12)

(12)
Pg. 180

RETURN RECEIPT.

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

Hilda Anderson

(Signature or name of addressee.)

Mrs Wm Haavala

(Signature of addressee's agent.)

Date of delivery, *7/24*, 19*50*

Form 3811

05-6116

Bates + Erans
Mortuary Records
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Pg. 180

Post Office Department
OFFICIAL BUSINESS
REGISTERED ARTICLE

No. _____
INSURED PARCEL
No. 1546

Return to Bates + Erans
(NAME OF SENDER)
Street and Number, } PO Box 535
or Post Office Box, }

Post Office at Sarona,
State Calif.

65-6116

PENALTY FOR PRIVATE USE
TO AVOID PAYMENT OF
POSTAGE, \$300.

POSTMARK DELIVERING
APR
25
A.M.
1950
AND DATE OF DELIVERY
WINN

Bates + Erans
Mortuary Records
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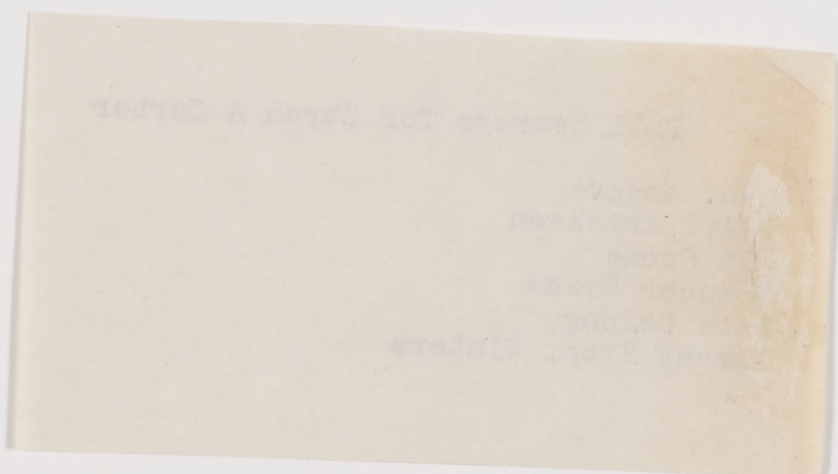
Pall bearers for Sarah A Carter

Geo. Angove
Cliff Erickson
Eli Boche
Spencer Reese
Pete DeJong
Harvey Zion, Winters

(12) Bates + Evans
Mortuary Records
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Bates + Evans
Mortuary Records
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San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1-1146-47

Services

11: A.M. Monday.

Cem. Mon. 11:15

Disinter now. 299.50
Permit 2
301.50

master 2
now " 7 - 85-
2
87-

Perpetual care 181.05
2
183.05

Later to place mother over
214.50

Gladys Johnson

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

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Loken 10
music 7.50
spray 1.50

32.50
~~183.05~~

215.55
365

365
923

1825
586.25
1825

568

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STATEMENT

CYPRESS LAWN MEMORIAL PARK

CYPRESS LAWN CEMETERY ASSOCIATION

P.O. Box 397, Colma, San Mateo Co., Calif.

Telephone JUniper 5-0580

DATE March 13, 1950

. BATES & EVANS
. SONOMA,
. CALIFORNIA

DATE

CHARGES

CREDITS

BALANCE

To interment of Elsie Beale
To Grave 5 Lot 251 Spruce Mound
including concrete liner
Burial permit

181.05

2.00

183.05

By: Bates & Evans

PAID
Mar. 13, 1950

CYPRESS LAWN CEMETERY ASSN.

PER

C. Peters, cashier

P3683

NO RECEIPT SENT UNLESS REQUESTED

CHARLES R. HADLEY CO., PATHFINDERS. LOS ANGELES, SAN FRANCISCO, NEW YORK, CHICAGO FORM 2095

REG. U.S. PAT. OFF.

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

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STATEMENT

CYPRESS LAWN MEMORIAL PARK
CYPRESS LAWN CEMETERY ASSOCIATION
P.O. Box 397, Colma, San Mateo Co., Calif.

DATE March 13, 1950 Telephone UNiper 8-0580

BATES & EVANS
SONOMA,
CALIFORNIA

DATE	CHARGES	CREDITS	BALANCE
	To Interment of Elsie Beale to Grave 5 Lot 251 Spaces Mount including concrete liner Burial permit		181.00 2.00 <u>183.00</u>
By: Bates & Evans			

PAID
MAR 13, 1950
CYPRESS LAWN CEMETERY ASSN
PER Gordon, Graham
P3083

NO RECEIPT SENT UNLESS REQUESTED

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

(21)

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San Francisco Casket Co.

321-335 Valencia Street

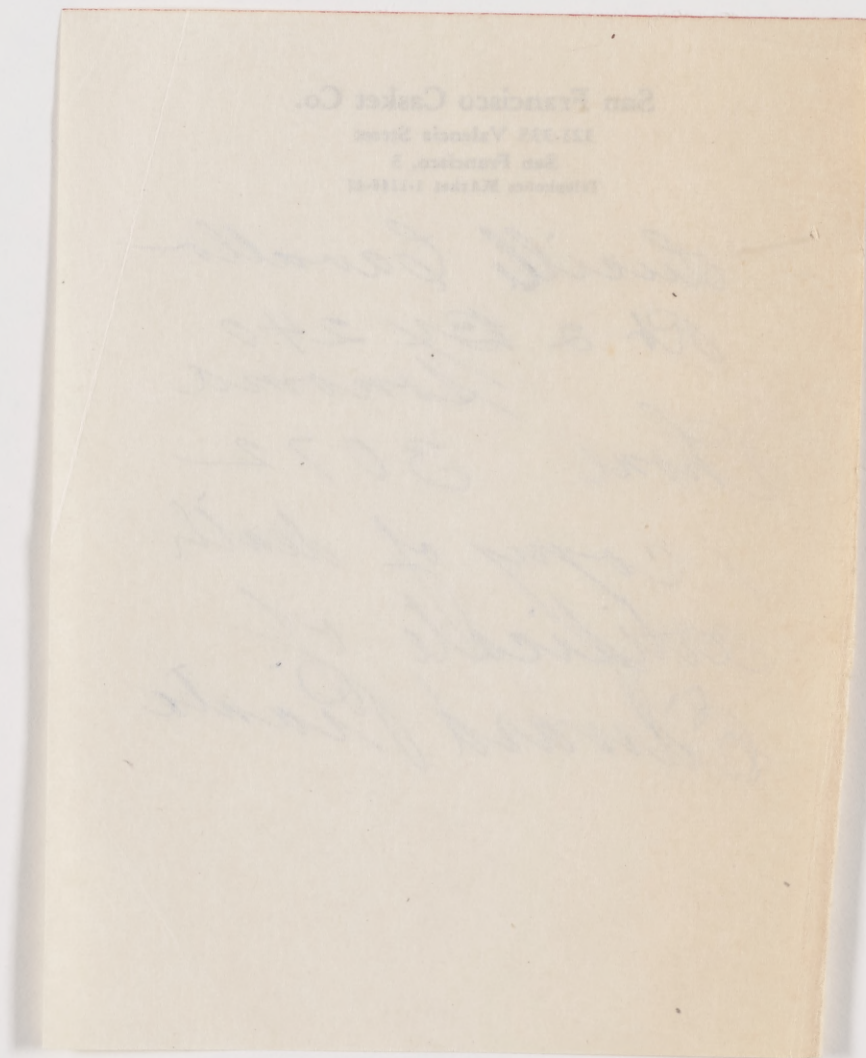
San Francisco, 3

Telephones Market 1-1146-47

Lucille Cavallo
Rt 2 Box 240
Sonoma
Phone 3072
1 copy of death
certificate of
Edward Pianta

(12)
Bates + Evans
Mortuary Records
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Bates + Evans
Mortuary Records
(12) 6/30/48 - 3/7/51 pg 196

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pg. 205

NON-NEGOTIABLE

AIRBILL OF LADING

No. 272701

AIR FREIGHT

The Flying Tiger Line Inc.

Lockheed Air Terminal • Burbank, Calif.

WORLD WIDE

RECEIVED AT

SFO

DATE

4-14-50

SHIPPER NO.

SUBJECT TO THE TERMS AND CONDITIONS OF THE CARRIER'S CURRENTLY EFFECTIVE TARIFF ON FILE WITH THE U. S. CIVIL AERONAUTICS BOARD AS OF THE DATE HEREOF.

CONSIGNOR

ADDRESS

CITY

CONSIGNEE

ADDRESS

CITY

NO. OF
PIECES

DESCRIPTION OF ARTICLES

WEIGHT

1

Remains of R. J. Bollen

430

CONSIGNOR C.O.D. (\$)

TOTAL

DECLARED VALUE

INSURANCE ALL RISK

ROUTE

PICK UP

DELIVERY

PREPAID

COLLECT

SHIPPER

TRUCKER

RECEIVED BY

THE FLYING TIGER LINE INC.

PER

PER

PER

Spinner 4-14-50

FORM NO. 1011 REV. 11-49 25M

#4—MEMO COPY (TRUCKER)

pg. 205
(12)

WORLD WIDE AIR FREIGHT

THE FLYING TIGER LINE INC.

RECEIVED BY

SHIPMENT NO.

DATE

DESCRIPTION OF GOODS

QUANTITY

UNIT

WEIGHT

VALUE

TOTAL

CONSIGNEE C.O.D. IS

THE FLYING TIGER LINE INC.

PER

PER

PER

MEMO COPY (TRUCKER)

NON-NEGOTIABLE

AIRBILL OF LADING

No. 272701

AIR FREIGHT

The Flying Tiger Line Inc.

Lockheed Air Terminal • Burbank, Calif.

WORLD WIDE

RECEIVED AT SFO		DATE 4-14-50	SHIPPER NO.	
SUBJECT TO THE TERMS AND CONDITIONS OF THE CARRIER'S CURRENTLY EFFECTIVE TARIFF ON FILE WITH THE U. S. CIVIL AERONAUTICS BOARD AS OF THE DATE HEREOF.				
CONSIGNOR Bates + Evans		CONSIGNEE Moore's Undertaking Parlor		
ADDRESS Sonoma		ADDRESS Fremont		
CITY Calif		CITY Neb-		
NO. OF PIECES	DESCRIPTION OF ARTICLES			WEIGHT
1	Remains of R. J. Bollen			430
mental anguish				
DECLARED VALUE 1000.00		INSURANCE AMOUNT 10,000.00		ROUTE
SHIPPER		TRUCKER		RECEIVED BY THE FLYING TIGER LINE INC.
PER		PER		PER Epiney 538 4-14-50

FORM NO. 1011 REV. 11-49 25M

#1—ORIGINAL

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
pg 205

(12)

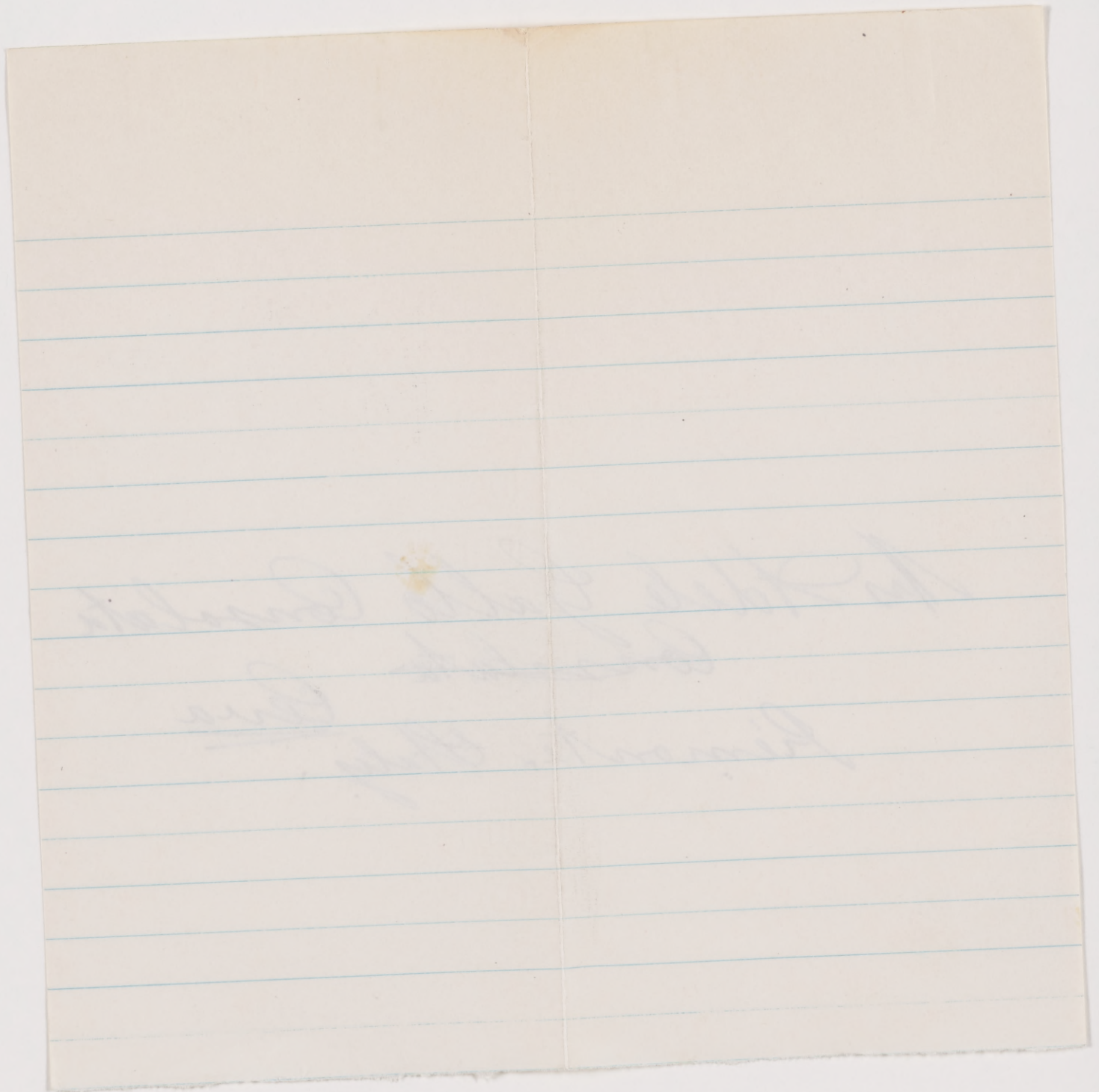
Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

pg 205

12

Mrs Adele Gallo Consolata
~~Consolata~~ Ceva
Piemonte, Italy.

Bates + Evans
Mortuary Records
(12) Pg 211



INFORMATION SHEET

VERNON SILVERSHIELD
PUBLIC ADMINISTRATOR
SONOMA COUNTY

Name Caesar Grasso Address Spain St. Sonoma
Date of Death Home 4-21-50 Place of Death 11
Cause of Death _____ Age _____ Undertaker Bates & Evans

RELATIVES	ADDRESS	RELATION
<u>unknown at this time</u>		

Personal Property: Cash \$612.28 found in home

Two Defense Savings bonds, par 100.00 each
100 shares Pacific Gas & Electric 6% preferred stock
Pink slip, Nash 6, 1928 model coupe Engine no. 154590
Hamilton yellow metal pocket watch
miscellaneous papers

COMMERCIAL ACCT.	SAVINGS ACCT.	BOX
------------------	---------------	-----

American Trust (Sonoma Branch) Srgs acct # 2553 amt. \$5144.67

Bank of America (Sonoma Branch) Srgs acct # 1664 amt \$3861.87

Exchange Bank (_____ Branch)

Bank of Sonoma County (_____ Branch)

Wells Fargo Union (market at Grant, S.F.) amt. \$2067.04

Received from Bates & Evans

Vernon Silvershield

Coroner & Public Administrator

4-21-50

12

REAL ESTATE

STREET ASSESS	LEGAL DESCRIPTION	HOUSE NUMBER	VALUE ADM. EST.	MTG. DATA	INS. DATA	RENT TENANT PAID TO	TAXES		
							DELINQ.	2nd	1st
Returned from Bates & Cronan		Again At.							

No. 1503055

To be given to the person
Naturalized.

THE UNITED STATES OF AMERICA

CERTIFICATE OF NATURALIZATION



Petition, Volume 37 Number 4097

Description of holder: Age, 37 years; height, 5 feet, 5 inches; color, white; complexion, dark; color of eyes, gray; color of hair, black; visible distinguishing marks, none

Name, age and place of residence of wife not married.

Names, ages and places of residence of minor children none.

ORIGINAL

UNITED STATES OF AMERICA

NORTHERN DISTRICT OF CALIFORNIA

S.S.

Cesare Grasso

(Signature of holder.)

Be it remembered, that CESARE GRASSO
then residing at ~~number XXX~~ ~~Street~~
City of Napa Junction State of California, who previous
to his naturalization was a subject of Italy, having applied to be admitted a
citizen of the United States of America pursuant to law, and at a November term of the District
Court of the United States, held at San Francisco, on the 8th day of November
in the year of our Lord nineteen hundred and twenty, the court having found that the petitioner had resided con-
tinuously within the United States for at least five years and in this State for at least one year immediately preceding the
date of the filing of his petition, and that said petitioner intends to reside permanently in the United States, had in all
respects complied with the law in relation thereto, and that he was entitled to be so admitted, it was thereupon
ordered by the said court that he be admitted as a citizen of the United States of America.

In testimony whereof the seal of said court is hereunto affixed on the 8th day of November
in the year of our Lord nineteen hundred and twenty, and of our Independence the
one hundred and 45th

By

J. L. Baldwin
Deputy Clerk.

W. B. MALING
CLERK, U. S. DISTRICT COURT

NORTHERN DISTRICT OF CALIFORNIA
(Official character of attester.)

DEPARTMENT OF LABOR

Bates & Evans
Mortuary Records
(12) Pg 211



3 July 1950

Messrs. Wyckoff, Gardner, Parker and Bogle
P. O. Box 960
Watsonville, California

Re: Estate of HENRY V. CONDIT, Deceased

Gentlemen:

I enclose herewith claim of Bates & Evans against the Estate of Henry V. Condit, Deceased, which is being handled by your office. Will you kindly acknowledge receipt of the same on the copy of letter enclosed herewith.

Thanking you for your attention to this, I remain

Respectfully,

A. R. GRINSTEAD

ARG:b

Enc:-2

RECEIPT OF CLAIM OF BATES & EVANS RECEIVED THIS
5th day of July, 1950.

WYCKOFF, GARDNER, PARKER & BOYLE

By J. W. Kunkling

⑪ Bates & Evans
Mortuary Records
6/30/48 - 3/7/51 Pg
210

3 July 1950

Messrs. Wyckoff, Gardner, Parker and Boyle

P. O. Box 900

Watsonville, California

Re: Estate of HENRY V. COMBET, Deceased

Gentlemen:

I enclose herewith claim of Bates & Evans against the Estate of Henry V. Combet, Deceased, which is being handled by your office. Will you kindly acknowledge receipt of the same on the copy of letter enclosed herewith.

Thanking you for your attention to this, I

Respectfully,

A. R. GRINSTAD

ARG:fb

Enc: 2

RECEIPT OF CLAIM OF BATES & EVANS RECEIVED THIS
day of July, 1950.

WYCKOFF, GARDNER, PARKER & BOYLE

[Signature]

Bates & Evans
Mortuary Records
⑪ 6/30/48 - 3/7/51 pg 20

DAVID NOVICK
PAUL KAHN

NOVICK & KAHN
ATTORNEYS AT LAW
11 EAST 44TH STREET
NEW YORK 17, N. Y.
MURRAY HILL 2-1095

(12)
Pg. 218

June 21, 1954

Messrs. Bates & Evans
Sonoma, California

Gentlemen:

We understand that you were the funeral directors who attended the burial of one, Antonio D'Esposito who died a resident of Feters Springs, California.

We would appreciate any information which you have concerning the family of the late Antonio D'Esposito, specifically the names and residences of his widow, if any, or children.

Yours very truly,

NOVICK & KAHN

By

David Novick

DN:RK

(12) Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 218

11 EAST 44TH STREET
NEW YORK 17, N. Y.
MURRAY HILL 2-1000

DAVID NOVICK
PAUL KAHN

(12)
Pg. 218

June 21, 1951

Messrs. Bates & Evans
Sonoma, California

Gentlemen:

We understand that you were the funeral directors who attended the burial of one, Antonio D. Raposito who died a resident of Petters Springs, California.

We would appreciate any information you have concerning the family of the late Antonio D. Raposito, specifically the names and residences of his widow, if any, or children.

Yours very truly,

NOVICK & KAHN

BY *[Signature]*

DN:RK

(12) Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 218

September 14, 1950

Veteran's Administration
42nd. & Clement St.
San Francisco, California

Re; Edward Ferrando, CA8BA

Gentlemen:

We have always informed our people that the Government burial allowance was \$150.00, and if at any time they wished to make payment before we received the check from the Government, we have deducted the \$150.00, and they paid the balance.

On the above account, of the above named deceased, we have received a check for \$190.00. Please inform us if this allotment has been raised, or the explanation for this amount, for the above named deceased.

This account on our books has been paid in full, except the \$150.00, which we expected the Government to pay. If this amount is correct, we will mail the widow a check for the \$40.00 difference.

We shall hold the check until we hear from you, and thanking you for an early reply, We Are,

Yours Very Truly,

Bates & Evans, Funeral Directors
(Mrs. Ernest G. Evans)

(12)
Pg. 222

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 222

(12)
pg. 222

September 14, 1950

Veteran's Administration
42nd & Clement St.
San Francisco, California

Re: Edward Fernando, OASBA

Gentlemen:

We have always informed our people that the Government burial allowance was \$150.00, and if at any time they wish to make payment before we received the check from the Government, we have deducted the \$150.00, and they paid the balance.

On the above account, of the above named deceased, we received a check for \$190.00. Please inform us if this amount has been raised, or the explanation for this amount, for above named deceased.

This account on our books has been paid in full, except \$150.00, which we expected the Government to pay. If this amount is correct, we will mail the widow a check for the difference.

We shall hold the check until we hear from you, and then you for an early reply. We are,

Yours Very Truly,

Bates & Evans, Funeral Directors
(Mrs. Ernest G. Evans)

(12)
Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
pg 222



VETERANS ADMINISTRATION
DISTRICT OFFICE
1509 Clay Street
Oakland 12, California

August 24, 1950

YOUR FILE REFERENCE:

IN REPLY REFER TO: OA8BA

XC 14 996 415
FERRANDO, Edward

Bates & Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 190.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin
C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division



FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

WFD-8-15-49-6000 01312

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

(12)
pg. 222

Bates + Evans
Mortuary Records
(12) 6/30/48 - 3/7/51
pg 222



VETERANS ADMINISTRATION

1509 Clay Street
Oakland 12, California

YOUR FILE REFERENCE:

August 24, 1950

IN REPLY REFER TO: 04657

XC 14 996 145
FERNANDO, Edward

Bates & Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$100.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the paying office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

[Signature]

C. B. TOWNLIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21

Mar. 1946

Replaces Forms 610 and 610A

WFO-8-12-49-6000 01212

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number. If such file number is unknown, service or serial number should be given. C, XC, K, N, or V.

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(12)
Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
pg 222



District Office
VETERANS ADMINISTRATION
1509 Clay Street
Oakland 12, California

October 19, 1950

YOUR FILE REFERENCE:

Bates and Evans
521 Broadway
Sonoma, California

IN REPLY REFER TO: OASBA
XC 14 996 415
FERRANDO, Edward

(12)
Pg. 222

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin
C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

WFD-8-15-49-6000 01312

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

(12)
Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 222



VETERANS ADMINISTRATION
1509 Clay Street
Oakland 12, California

October 19, 1950

YOUR FILE REFERENCE:

IN REPLY REFER TO:
XC 14 996 415
FERRANDO, Edward

Bates and Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$150.00 and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the paying office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21

Mar. 1946

WFO-8-15-49-6000 01215

Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number. If such file number is unknown, service or serial number should be given. C, XC, K, N, or V.

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Bates + Evans
Mortuary Records
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(21)

(12)
Pg. 222

Filed Issu'
Bates & Evans

Aug 15, 1950

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of **Edward Ferrando**

Deceased

PHONE SONOMA 2686

July 13, 1950 194

Casket	\$383.00
Removal from Oakland	20.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Funeral notices	34.89
Mass	15.00
Shirt, & tax	2.58
Door Spray	4.00
Hearse to Cemetery	20.00
Limousine to Cemetery	15.00
Sales Tax	7.55
Total	<u>\$552.02</u>

July 13, 1950, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.

Widow

(12)
Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 222

(21)

pg. 222

Bates & Evans
Funeral Directors
Sonoma, California

Phone Sonoma 2580
July 15, 1950

Deceased

12.00	Graves
25.00	Removal from California
25.00	Restoring body
25.00	Constructing funeral & personal services
24.25	Funeral services
15.00	Meals
2.25	Shirt, & tie
4.00	Foot spray
20.00	Hearse to cemetery
15.00	Limousine to cemetery
7.25	Sales tax
152.00	Total

July 15, 1950, I hereby state that the above statement is correct, that said services, and automobiles were ordered by me, and that same have been rendered, and that no payment has been made at this time.

Witness

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
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(12)

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LEWIS R. PEET, PRES.
LICENSED MANAGER

PHONE BUTTERFIELD 8-9800-01-02

FRANCIS X. MAHER.
SEC'Y. - TREAS.

now
SPM

NEW YORK FUNERAL SERVICE CO. INC.

148-150 E. 74TH STREET

NEW YORK 21, N. Y. June 13, 1950 19__

M Evans & Bates
Sonoma, Calif

TERMS:- NET CASH, ALL INVOICES ARE DUE WHEN RENDERED

Re case:-Frank Joseph Madden, Kings County Hospital

Procuring death certificate & burial permit,
transferring remains to 74th St, Embalming,
transferring to ~~Express~~ United Air Lines at
La Guardia Air Port
Underwear & Socks 2.50
Gray cloth covered casket & pine outer box
painted gray with shipping handles
Air Freight to San Francisco
Sonoma phone call

70.00
2.50
60.00
105.93
3.40

241.83

*Paid
check #1,490
al.*

Bates+Evans
Mortuary Records
6/30/48-3/7/51
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FRANK J. MADDEN
OWNER

PHONE BUTTERFIELD 8-6600-01-02

LEWIS B. BATES
REGISTERED MANAGER

NEW YORK FUNERAL SERVICE CO. INC.

148-150 E. 74TH STREET

NEW YORK 21, N. Y. June 13, 1950

M. Evans & Bates

Bonoma, Calif

TERMS: NET CASH, ALL INVOICES ARE DUE WHEN RENDERED

Re case: Frank Joseph Madden, Kings County Hospital

Procuring death certificate & burial permit
Transferring remains to 74th St, Embalming,
Transferring to Express United Air Lines at
La Guardia Air Port
Underwear & Socks 2.50
Gray cloth covered casket & pine outer box
Painted gray with shipping handles
Air Freight to San Francisco
Bonoma phone call

70.00
2.50
60.00
105.50
2.50

241.50

Frank J. Madden
6/30/48

(12)
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RAILWAY EXPRESS AGENCY

INCORPORATED

UNIFORM EXPRESS RECEIPT—NON-NEGOTIABLE—TERMS AND CONDITIONS

1. The provisions of this receipt shall inure to the benefit of and be binding upon the consignor, the consignee and all carriers handling this shipment and shall apply to any reassignment, or return thereof.

2. In consideration of the rate charged for carrying said property, which is dependent upon the value thereof and is based upon an agreed valuation of not exceeding fifty dollars for any shipment of 100 pounds or less and not exceeding fifty cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared at the time of shipment, the shipper agrees that the company shall not be liable in any event for more than fifty dollars for any shipment of 100 pounds or less, or for more than fifty cents per pound, actual weight, for any shipment weighing more than 100 pounds, unless a greater value is stated herein. Unless a greater value is declared and stated herein the shipper agrees that the value of the shipment is as last above set out and that the liability of the company shall in no event exceed such value.

3. Unless caused by its own negligence or that of its agents, the company shall not be liable for—

- a. Difference in weight or quantity caused by shrinkage, leakage, or evaporation.
- b. The death, injury, or escape of live freight.
- c. Loss of money, bullion, bonds, coupons, jewelry, precious stones, valuable papers, or other matter of extraordinary value, unless such articles are enumerated in the receipt.

4. Unless caused in whole or in part by its own negligence or that of its agents, the company shall not be liable for loss, damage or delay caused by—

- a. The act or default of the shipper or owner.
- b. The nature of the property, or defect or inherent vice therein.
- c. Improper or insufficient packing, securing, or addressing.
- d. The Act of God, public enemies, authority of law, quarantine, riots, strikes, perils of navigation, the hazards or dangers incident to a state of war, or occurrence in customs warehouse.
- e. The examination by, or partial delivery to the consignee of C.O.D. shipments.
- f. Delivery under instructions of consignor or consignee at stations where there is no agent of the company after such shipments have been left at such stations.

5. Packages containing fragile articles or articles consisting wholly or in part of glass must be so marked and be packed so as to insure safe transportation by express with ordinary care.

6. When consigned to a place at which the express company has no office, shipments must be marked with the name of the express station at which delivery will be accepted or be marked with forwarding directions if to go beyond the express company's line by a carrier other than an express company. If not so marked shipments will be refused.

7. As conditions precedent to recovery claims must be made in writing to the originating or delivering carrier within nine months after delivery of the property or, in case of failure to make delivery, then within nine months and fifteen days after date of shipment; and suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof.

8. If any C. O. D. is not paid within thirty days after notice of non-delivery has been mailed to the shipper the company may at its option return the property to the consignor.

9. Free delivery will not be made at points where the company maintains no delivery service; at points where delivery service is maintained free delivery will not be made at addresses beyond the established and published delivery limits.

Special Additional Provisions as to Shipments Forwarded by Vessel from the United States to Places in Foreign Countries.

10. If the destination specified in this receipt is in a foreign country, the property covered hereby shall, as to transit over ocean routes and by their foreign connections to such destination, be subject to all the terms and conditions of the receipts or bills of lading of ocean carriers as accepted by the company for the shipment, and of foreign carriers participating in the transportation, and as to such transit is accepted for transportation and delivery subject to the acts, laws, regulations, and customs of overseas and foreign carriers, custodians, and governments, their employees and agents.

11. The company shall not be liable for any loss, damage, or delay to said shipments over ocean routes and their foreign connections, the destination of which is in a foreign country, occurring outside the boundaries of the United States, which may be occasioned by any such acts, laws, regulations, or customs. Claims for loss, damage or delay must be made in writing to the carrier at the port of export or to the carrier issuing this receipt within nine months after delivery of the property at said port or in case of failure to make such delivery then within nine months and fifteen days after date of shipment; and claims so made against said delivering or issuing carrier shall be deemed to have been made against any carrier which may be liable hereunder. Suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof. Where claims are not so made, and/or suits are not instituted thereon in accordance with the foregoing provisions, the carrier shall not be liable.

12. It is hereby agreed that the property destined to such foreign countries, and assessable with foreign governmental or customs duties, taxes or charges, may be stopped in transit at foreign ports, frontiers or depositories, and there held pending examination, assessments and payments, and such duties and charges, when advanced by the company shall become a lien on the property.

To Destination Office

Consignee

Enter Date Shipped

Street Address or Non Agency Destination

Receipt Number

Name of Forwarding Office

Declared Value

Value Charges

Pieces

(1203-D) Crockett, Calif.

(M)

Description

Weight

Express Charges

Shipper

Shipper's Street Address

Class

Paid Beyond

XX XXX

Scale or Rate

Verified by

C. O. D.

PREPAID
(Original)

SHIPPER'S PREPAID RECEIPT

NOTE—The Company will not pay over \$50, in case of loss, or 50 cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared and charges for such greater value paid.

RAILWAY EXPRESS AGENCY

INCORPORATED

Received shipment described hereon, subject to the Classifications and Tariffs in effect on the date hereof, value herein declared by Shipper to be that entered in space hereon reading "Declared Value," which the Company agrees to carry upon the terms and conditions printed hereon, to which the Shipper agrees and as evidence thereof accepts this receipt.

Number Pieces

Box

For the Company

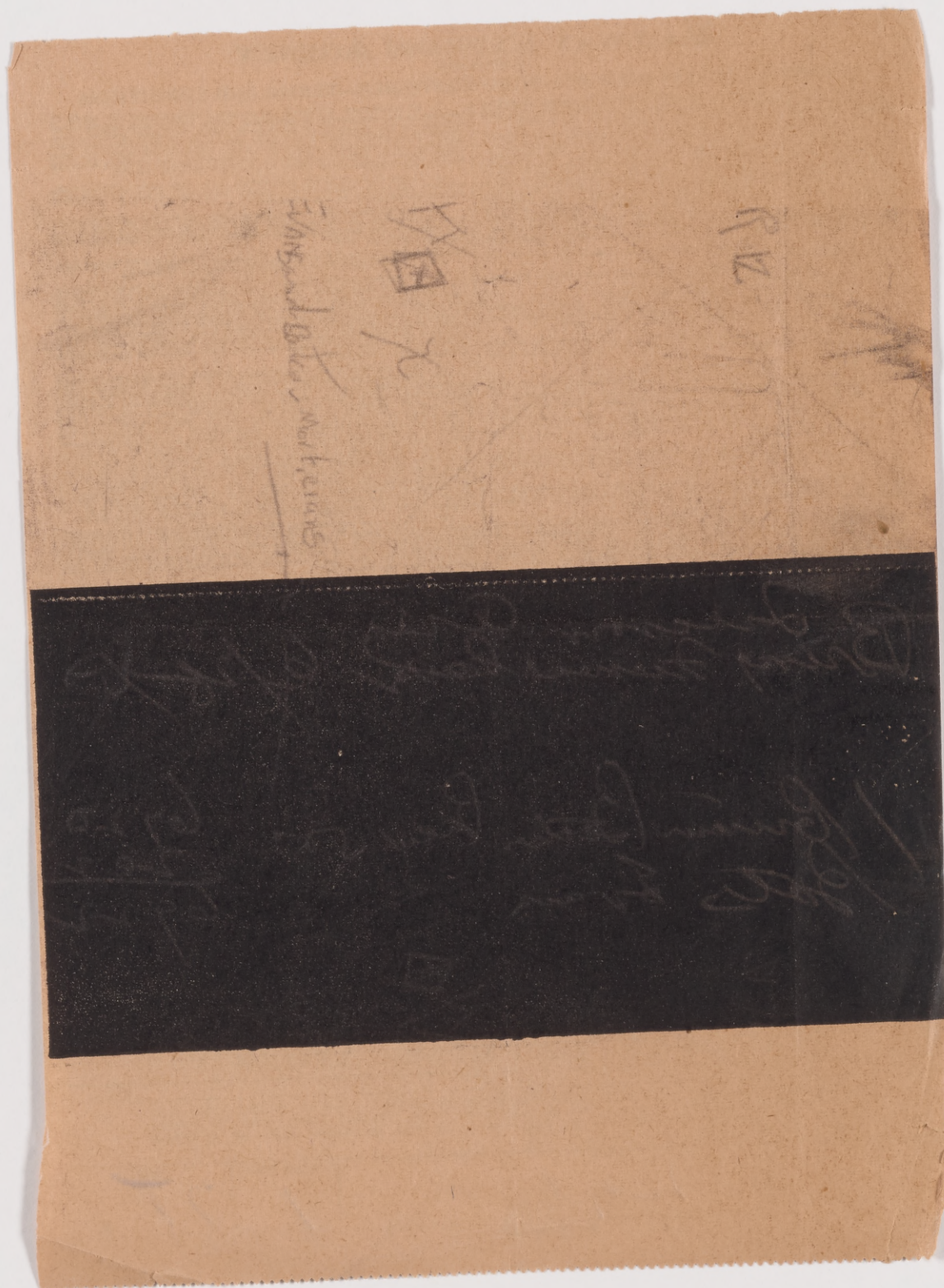
Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

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Bates + Evans
Mortuary Records (12)
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ARIZONA TRUST COMPANY

WALTER E. LOVEJOY
PRESIDENT
EDW. VANDERVRIES
R. N. MARTIN, JR.
VICE PRESIDENTS
HARRY R. TALMAGE
SECY. TREAS.
TELEPHONE 3-9461



REAL ESTATE
RENTALS AND LEASES
PROPERTY MANAGEMENT
REAL ESTATE LOANS
ALL KINDS OF INSURANCE
BONDING
ANNUITIES
TRUSTS AND ESTATES

136 NORTH STONE AVENUE

TUCSON, ARIZONA

July 3, 1950

Evans and Bates, Morticians
Sonoma, California

Gentlemen:

Pursuant to the information which you gave us last week, we are enclosing herewith our check for \$439.29 in payment of your charges, including transportation, for the Bertha Baerd case.

Yours very truly,

W. E. Lovejoy
President

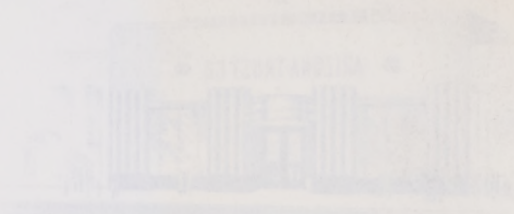
WEL:al
Enclosure

9
4
C
9
Channel

439.29
507
434.22

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UNIVERSITY OF ARIZONA
TUCSON, ARIZONA
July 3, 1950

Evans and Jones, Maricopa
Sonoma, California

Gentlemen:

Pursuant to the information which you gave
us last week, we are enclosing herewith our check for
\$439.50 in payment of your charges, including trans-
portation, for the Garcia Band case.

Yours very truly,

[Signature]
President

W. L. Hall
Enclosure

P
P
A
C
Hand

RECEIVED
JUL 10 1950
UNIVERSITY OF ARIZONA
TUCSON, ARIZONA

MEMORANDUM OF SALE

In Account With

Mr. Robert F.E. Harrah

Date of Sale.....Aug. 14, 50..... Total Obligation \$...156.64.....

Date	Amt. Paid		Received by	Balance Due	

(12)
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ORDER AND TERMS

SONOMA, CALIFORNIA Aug. 14, 1950

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Jerrie Lee Harrah and supply the funeral furnishings, casket and professional services in the sum of \$ 156.64, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of \$ 156.64, as follows:

\$herewith and the sum of \$eachhereafter,

until the full sum shall have been paid. Said payments are payable at the Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Robert F. Harrah Address P.O. Box 548 A. Sonoma

Signature Jerrie L. Harrah Address " " "

Witness..... Witness.....

(12) Bates + Evans
Mortuary Records
Pg. 236 6/30/48 - 3/7/51

FORM 184 - 5-50 - 5M



OFFICIAL RECEIPT OF
Cypress Lawn Memorial Park
COLMA 25, CALIFORNIA
TELEPHONE PLAZA 5-0580

P 6417

8/29/50

THE SUM OF

Seventy seven

$\frac{77}{100}$

DATE

DOLLARS \$

77 ⁰⁰/₁₀₀

AS PAYMENT ON

NO.

DIV.
LOT
TIER

SECTION

REMARKS:

Cremation - Knud Svinding - Ministers fee + County tax

RECEIVED FROM:

Bates + Evans
Sonoma, Calif.

CASH		MONEY ORDER		MAIL
CHECK	$\frac{90-254}{1211}$			AT OFFICE
				COLLECTOR

THE CYPRESS LAWN
CEMETERY ASSOCIATION

BALANCE

\$

in full

BY

L. Rigadini

12

pg. 236

Bates+Evans
Mortuary Records
6/30/48 - 3/7/51

(12) Bates+Evans
Pg. 236 Mortuary Records
6/30/48 - 3/7/51

Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of George Daven

Deceased _____

PHONE SONOMA 2686

Nov. 12, 1950 94

Casket	\$125.00
Removal from hospital	10.00
Embalming body	25.00
Clothing	12.88
Cremation	45.00
Sales Tax	2.40
Total	\$220.28
Less cash discount	8.00
	\$212.28

October 7, 1950 Paid in full

Bates & Evans, Funeral Directors

By,

Secretary

Geo Daven

12

Bates+Evans
Mortuary Records
6/30/48 - 3/7/51

CYPRESS LAWN MEMORIAL PARK

MD 4172

DATE

Aug 29/50

T. NO.

SOLD BY

Bates & Evans
Sonoma
Calif.

TO CYPRESS LAWN CEMETERY ASSOCIATION, DR.

PHONE PLAZA 5-0580

COLMA 25, SAN MATEO CO., CALIF.

LOCATION NO. TIER SECTION

INTERMENT AND RECORDING FEE NO. \$

URN BRONZE MARKER NO.

INSCRIPTION

CONCRETE LINER ☐ CONCRETE VAULT, SINGLE ☐ DOUBLE ☐

TEMPORARY CARE OF { REG. VAULT OR CREMATED } REMAINS

MISCELLANEOUS

PAID
Aug 29, 1950

CYPRESS LAWN CEMETERY ASSN.

PER *W. L. Baker, Cashier*
176417

SALES TAX

TOTAL

REMARKS:

Bates and Evans
Mortuary Records

(12)

6/30/48 - 3/7/51

pg 236

MD 4175

CYPRESS LAWN MEMORIAL PARK

FORM 1ST - 2M - 7-50

T. NO.

DATE

SOLD BY

TO CYPRESS LAWN CEMETERY ASSOCIATION, DR.

COLMA 25, SAN MATEO CO., CALIF.

PHONE PLAZA 2-0880

SECTION

TIER

NO.

LOCATION

NO.

INTERMENT AND RECORDING FEE

BRONZE MARKER NO.

URN

INSCRIPTION

CONCRETE LINER ☐ CONCRETE VAULT ☐ SINGLE ☐ DOUBLE ☐

TEMPORARY CARE OF ☐ REMAINS ☐ REMAINS ☐ REMAINS ☐

MISCELLANEOUS

SALES TAX

TOTAL

REMARKS

Bates and Evans
Mortuary Records

(12)

6/30/48 - 3/7/51

pg 236

CYPRESS LAWN MEMORIAL PARK

CA N^o 892

DATE

Aug 29/50

Bates & Evans
Sonoma Calif.

TO CYPRESS LAWN CEMETERY ASSOCIATION, DR.

COLMA 25, CALIFORNIA

JUNIPER 5-0580

TO INCINERATION OF THE REMAINS OF:

Knud L. Svinding

60-
2-

BURIAL TAX

#48563

\$ 62⁰⁰

PAID
TOTAL
Aug 29, 1950

CYPRESS LAWN CEMETERY ASSN.

PER *W. L. Peters, cashier*
D6417

FORM 160 - 2M - 10-49

Bates and Evans
Mortuary Records

(12)

6/30/48 - 3/7/51

pg 236

898

NO

CA

CYPRESS LAWN MEMORIAL PARK

DATE

TO CYPRESS LAWN CEMETERY ASSOCIATION, DR.

COLMA 22, CALIFORNIA

JUNIOR 2020

TO INCINERATION OF THE REMAINS OF

BURIAL TAX

TOTAL
CYPRESS LAWN CEMETERY ASSN

PER A. C. EVANS, SECRETARY

6/30/48

FORM 100 - 24 - 10-48

Bates and Evans
Mortuary Records

(12)

6/30/48 - 3/7/51

pg 236

LAW OFFICES OF
Joseph E. Isaacs
118 DEYOUNG BUILDING
690 MARKET STREET
San Francisco 4
DOUGLAS 2-5742

September 21, 1951

Bates and Evans
Funeral Directors
Sonoma, California


In re: Estate of Charles Seely Wells,
deceased.

Gentlemen:

I have this day mailed your claim in the
sum of \$181.98 to the court for its approval in the
above entitled matter and you may look for a check
on or about the 6th of next month.

Sorry to keep you waiting and thanking you
for your patience, I am

Very truly yours,


JOSEPH E. ISAACS

JEI/1

(12)
pg. 239

(12) Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 239

12

pg. 239

September 21, 1951

Bates and Evans
Funeral Directors
Sonoma, California

In re: Estate of Charles Gealy Wells,
deceased.

Gentlemen:

I have this day mailed your claim in the
sum of \$181.98 to the court for its approval in the
above entitled matter and you may look for a check
in or about the 6th of next month.

Sorry to keep you waiting and thanking you
for your patience, I am

Very truly yours,

JOSEPH H. ISAACS

JH/

12 Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
pg 239

LAW OFFICES OF
Joseph E. Isaacs
118 DEYOUNG BUILDING
690 MARKET STREET
San Francisco 4
DOUGLAS 2-5742

August 27, 1951

Bates and Evans
Sonoma, California

In re: Estate of Charles S. Wells, deceased.

Gentlemen:

I beg to acknowledge receipt of your letter dated August 22, 1951, relative to the above entitled matter.

This estate has been held up because of litigation but regardless of the same, I will see that the amount is paid to you within the next 2 or 3 weeks.

Very truly yours,

JOSEPH E. ISAACS

JEI/1

(12)

pg. 239

(12) Bates + Evans
Mortuary Records

6/30/48 - 3/7/51

pg 239

12

pg. 239

August 22, 1951

Bates and Evans
Sonoma, California

In re: Estate of Charles S. Wells, deceased.

Gentlemen:

I beg to acknowledge receipt of your letter dated August 22, 1951, relative to the above entitled matter. This estate has been held up because of litigation but payment of the same, I will see that the amount is paid to you within the next 2 or 3 weeks.

Very truly yours,

JOSEPH E. HARRIS

JEL/v

12 Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 239

LAW OFFICES OF
Joseph E. Isaacs
118 DEYOUNG BUILDING
690 MARKET STREET
San Francisco 4
DOUGLAS 2-5742

March 30, 1953

Bates and Evans
Sonoma, California

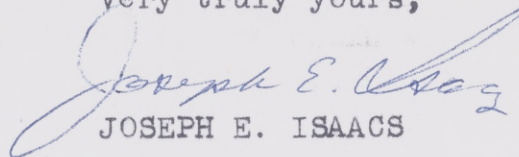
In re: Estate of Charles Seely Wells,
deceased.

Gentlemen:

I beg to acknowledge receipt of your letter dated March 27, 1953, relative to the above entitled matter. We have been involved in some litigation and that is the reason we have not paid the bill but the matter now seems to be settled and you can look for a check not later than April 10th.

We are sorry to have kept you waiting. Thanking you for your patience, I am

Very truly yours,


JOSEPH E. ISAACS

JEI/1

(12)
pg. 239

(12) Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
pg 239

12
pg. 239

March 30, 1953

Bates and Evans
Sonoma, California

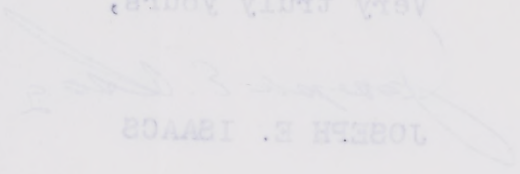
In re: Estate of Charles Seely Wells,
deceased.

Gentlemen:

I beg to acknowledge receipt of your letter dated March 27, 1953, relative to the above entitled matter. We have been involved in some litigation and that is the reason we have not paid the bill but the matter now seems to be settled and you can look for a check not later than April 10th.

We are sorry to have kept you waiting. Thanking you for your patience, I am

Very truly yours,


JOSEPH E. ISAAC

JEL/v

12 Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
pg 239

Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of Claude J. Kirkman

Deceased

PHONE SONOMA 2686

Sept. 20, 1950¹⁹⁴

Casket	\$150.00
Removal of body from ElVerano	10.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Hearse to G.G. National cemetery	25.00
Clothing	12.88
Minister	10.00
Funeral notice	2.58
Sales tax	<u>3.53</u>
Total	\$263.99

Sept. 20, 1950, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date,

Signed,Widow

Sept 20, 1950 Filed with Courtment

State & Evans

Funeral Directors
Sonoma, California

Mr.

Funeral of Claude J. Kirkman Deceased

Phone Sonoma 2886 Sept. 20, 1934

15.00	Casket
10.00	Removal of body from home
25.00	Embalmer's fee
25.00	Conducting funeral & preparing services
25.00	Interment in S. B. National cemetery
15.00	Clothing
10.00	Minister
2.50	Funeral notes
2.50	Basis fee
125.00	Total

Sept. 20, 1934. I hereby state that the above statement is correct, that said services, and interment were ordered by me, and that none has been rendered, and that no payment has been made at this date.

Signed.....

Sept 20, 1934 filed with Boardman

Date 9-29-50

Name KIRKMAN, Claude J.

File No.
C, XC, K, N, etc.

This acknowledges receipt of **CLAIM FORM RECENTLY RECEIVED**
IN THIS OFFICE.

This matter is receiving attention and you will be further advised
at the earliest practicable date.

Signed J. Miller

Title for: CHIEF, ADM. DIV. mj

Form 3250a
Rev. Dec. 1943

16-34722-2 GPO

Bates and Evans
(12) Mortuary Records
6/30/48-3/7/51
pg 240

Veterans Administration
DISTRICT OFFICE
1509 Clay Street
Oakland 12, California
RETURN AFTER 5 DAYS
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE \$300
(GPO)

HIRE THE HANDICAPPED
IT'S GOOD BUSINESS

Bates & Evans, Funeral Directors,
521 Broadway
Sonoma, California

HIRE THE HANDICAPPED
IT'S GOOD BUSINESS

Bates and Evans
(12) Mortuary Records
6/30/48-3/7/51
pg 240

12

In Account With

Date of Sale 9/24/50.....Total Obligation \$ 371.85

Date	Amt. Paid	Received by	Balance Due
Sept. 24.	37. 13	E 48	334. 72

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51 pg 243

12

ORDER AND TERMS

SONOMA, CALIFORNIA Sept. 24, 1950

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Leo J. Vander Lans and supply the funeral furnishings, casket and professional services in the sum of \$371.85, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of \$371.85, as follows: within 30 days

\$.....herewith and the sum of \$.....each.....hereafter,

until the full sum shall have been paid. Said payments are payable at the..... Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Leo J. Vander Lans Address 152 Lendora Ave
Long Beach, Calif.

Signature.....Address.....

Witness.....Witness.....

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51 pg 243



VETERANS ADMINISTRATION

DISTRICT OFFICE
1509 CLAY STREET
OAKLAND 12, CALIFORNIA

December 28, 1950

YOUR FILE REFERENCE:

Bates and Evans Funeral Directors
521 Broadway Street
Sonoma, California

IN REPLY REFER TO: OA8BA
XC-16 521 858
VANDER LANS, Leonardus J.

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tankin

Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

Bates + Evans
 Mortuary Records
 6/30/48 - 3/7/51 pg 243

(12)

VETERANS ADMINISTRATION

DISTRICT OFFICE
 1509 CLAY STREET
 OAKLAND 12, CALIFORNIA
 December 28, 1950



YOUR FILE REFERENCE:

088BA

IN REPLY REFER TO:
 XC-16 521 828
 VANDER LANS, Leonardus J.

Bates and Evans Funeral Directors
 521 Broadway Street
 Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$150.00 and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

W. B. L. O'Brien

Chief, Dependents and Beneficiaries
 Claims Division

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51 pg 243



VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

November 3, 1950

YOUR FILE REFERENCE:

IN REPLY REFER TO: 3EHEBC
XC 16 521 858
VANDER LANS, Leonardus J.

Bates & Evans, Funeral Directors
521 Broadway Street
Sonoma, California

ATTENTION: Jewell R. Evans

Dear Sir:

Your Form 530, Application for Burial Allowance, dated October 5, 1950
with enclosures,

has been referred to the Veterans Administration ~~at~~ District Office
1509 - Clay Street Oakland 12, California, which has
jurisdiction over the records of the above named deceased veteran.

Further correspondence relative to this case should be forwarded to that
office and should bear the veteran's name and XC- number given in the
caption of this letter.

Very truly yours,

O. E. Carlton
O. E. CARLTON
Director
Records Service

FL 3-35
Nov 1946
(Replaces Form 3-3055 which may be used)

An inquiry by or concerning an ex-service man or woman should, if possible,
give veteran's name and file number, whether C, XC, K, N, or V. If such
file number is unknown, service or serial number should be given. VA-D.C. 25851

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51 pg 243

VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

November 1, 1950

YOUR FILE REFERENCE:

IN REPLY, PLEASE REFER TO:

NO. 15-221-575

Bates & Evans, Mortuary Directors

22 Broadway Street

San Francisco, California

ATTENTION: Lemuel E. Davis

Dear Sir:

Your form 50, application for burial allowance, dated October 3, 1950

with enclosure,

has been referred to the Veterans Administration at District Office

1509 - City Street, Oakland 12, California, which has

jurisdiction over the records of the above named veteran.

Further correspondence relative to this case should be forwarded to that

office and should be accompanied by a copy of this letter.

Very truly yours,

Very truly yours,

L. E. DAVIS

Director

Records Service

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

June 1, 1949

The following is the request and wishes of Mrs. Kedi Burkhardt that upon the event of my death, the above named firm take care of my remains and furnish the following:

Complete Funeral, Outside Box, Cars,	\$ 365.00 ✓
Marker, Chapel Services etc.	7.50 ✓
Music	1.00 ✓
Cemetery Permit	20.00 ✓
Casket Spray	10.00 ✓
Rev. Hamilton	60.00
Opening Grave	4.75
Calif. Sales Tax	\$ 468.25

Cash Discount of \$18.25 to be paid if this bill is paid on or before 30 days after death.

Signed

Kedi Burkhardt

\$500.00 Deposited American Trust Bank,
Account # _____

Bates and Evans

Balance to be used for improvement of plot.

By *L. A. Gordon*

(12)
pg. 248

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51 pg 248

pg. 248

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51 pg 248

Form 3811
Rev. 1-4-40

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Mrs. Ena Abney
(Signature or name of addressee)

2 Mitta Royal
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery 8/24, 1951

U. S. GOVERNMENT PRINTING OFFICE 16-12421

⑫ Bates + Evans
Mortuary Records
6/30/48 - 3/7/51 pg 250

Post Office Department
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300
(GPO)

POSTMARK OF DELIVERING
OFFICE

Return to Bates + Evans

(NAME OF SENDER)

Street and Number,
or Post Office Box,

REGISTERED ARTICLE

No. 349

Post Office Sonoma

INSURED PARCEL

No. _____

16-12421

State Calif

⑫ Bates + Evans
Mortuary Records
6/30/48 - 3/7/51 pg 250

12
Pg. 250

RAILWAY EXPRESS AGENCY
INCORPORATED
UNIFORM EXPRESS RECEIPT—NON-NEGOTIABLE—TERMS AND CONDITIONS

1. The provisions of this receipt shall inure to the benefit of and be binding upon the consignor, the consignee and all carriers handling this shipment and shall apply to any reassignment, or return thereof.

2. In consideration of the rate charged for carrying said property, which is dependent upon the value thereof and is based upon an agreed valuation of not exceeding fifty dollars for any shipment of 100 pounds or less and not exceeding fifty cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared at the time of shipment, the shipper agrees that the company shall not be liable in any event for more than fifty dollars for any shipment of 100 pounds or less, or for more than fifty cents per pound, actual weight, for any shipment weighing more than 100 pounds, unless a greater value is stated herein. Unless a greater value is declared and stated herein the shipper agrees that the value of the shipment is as last above set out and that the liability of the company shall in no event exceed such value.

3. Unless caused by its own negligence or that of its agents, the company shall not be liable for—

- a. Difference in weight or quantity caused by shrinkage, leakage, or evaporation.
- b. The death, injury, or escape of live freight.
- c. Loss of money, bullion, bonds, coupons, jewelry, precious stones, valuable papers, or other matter of extraordinary value, unless such articles are enumerated in the receipt.

4. Unless caused in whole or in part by its own negligence or that of its agents, the company shall not be liable for loss, damage or delay caused by—

- a. The act or default of the shipper or owner.
- b. The nature of the property, or defect or inherent vice therein.
- c. Improper or insufficient packing, securing, or addressing.
- d. The Act of God, public enemies, authority of law, quarantine, riots, strikes, perils of navigation, the hazards or dangers incident to a state of war, or occurrence in customs warehouse.
- e. The examination by, or partial delivery to the consignee of C. O. D. shipments.
- f. Delivery under instructions of consignee at stations where there is no agent of the company after such shipments have been left at such stations.

5. Packages containing fragile articles or articles consisting wholly or in part of glass must be so marked and be packed so as to insure safe transportation by express with ordinary care.

6. When consigned to a place at which the express company has no office, shipments must be marked with the name of the express station at which delivery will be accepted or be marked with forwarding directions if to go beyond the express company's line by a carrier other than an express company. If not so marked shipments will be refused.

7. As conditions precedent to recovery claims must be made in writing to the originating or delivering carrier within nine months after delivery of the property or, in case of failure to make delivery, then within nine months and fifteen days after date of shipment; and suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof.

8. If any C. O. D. is not paid within thirty days after notice of non-delivery has been mailed to the shipper the company may at its option return the property to the consignor.

9. Free delivery will not be made at points where the company maintains no delivery service; at points where delivery service is maintained free delivery will not be made at addresses beyond the established and published delivery limits.

Special Additional Provisions as to Shipments Forwarded by Vessel from the United States to Places in Foreign Countries.

10. If the destination specified in this receipt is in a foreign country, the property covered hereby shall, as to transit over ocean routes and by their foreign connections to such destination, be subject to all the terms and conditions of the receipts or bills of lading of ocean carriers as accepted by the company for the shipment, and of foreign carriers participating in the transportation, and as to such transit is accepted for transportation and delivery subject to the acts, ladings, laws, regulations, and customs of overseas and foreign carriers, custodians, and governments, their employees and agents.

11. The company shall not be liable for any loss, damage, or delay to said shipments over ocean routes and their foreign connections, the destination of which is in a foreign country, occurring outside the boundaries of the United States, which may be occasioned by any such acts, ladings, laws, regulations, or customs. Claims for loss, damage or delay must be made in writing to the carrier at the port of export or to the carrier issuing this receipt within nine months after delivery of the property at said port or in case of failure to make such delivery then within nine months and fifteen days after date of shipment; and claims so made against said delivering or issuing carrier shall be deemed to have been made against any carrier which may be liable hereunder. Suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof. Where claims are not so made, and/or suits are not instituted thereon in accordance with the foregoing provisions, the carrier shall not be liable.

12. It is hereby agreed that the property destined to such foreign countries, and assessable with foreign governmental or customs duties, taxes or charges, may be stopped in transit at foreign ports, frontiers or depots, and there held pending examination, assessments and payments, and such duties and charges, when advanced by the company shall become a lien on the property.

To Destination Office

Consignee

Enter Date Shipped

194

Street Address or Non-Agency Destination

Receipt Number

N^o 3874

Name of Forwarding Office

(1203-C) San Francisco, Calif. (M)

Declared Value

Value Charges

Piece-s

Article

Description

Weight

Express Charges

Shipper

Class

Paid Beyond

Total

Shipper's Street Address

PREPAID
(Original)

Scale or Rate

Verified by

C. O. D.

C. O. D. Service Charge

Write in YES or NO

X

(Form 5083-C)

NOTE—The Company will not pay over \$50, in case of loss, or 50 cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared and charges for such greater value paid.

RAILWAY EXPRESS AGENCY
INCORPORATED

Received shipment described hereon, subject to the Classifications and Tariffs in effect on the date hereof, value herein declared by Shipper to be that entered in space hereon reading "Declared Value," which the Company agrees to carry upon the terms and conditions printed hereon, to which the Shipper agrees and as evidence thereof accepts this receipt.

Number Pieces

Date

Hour

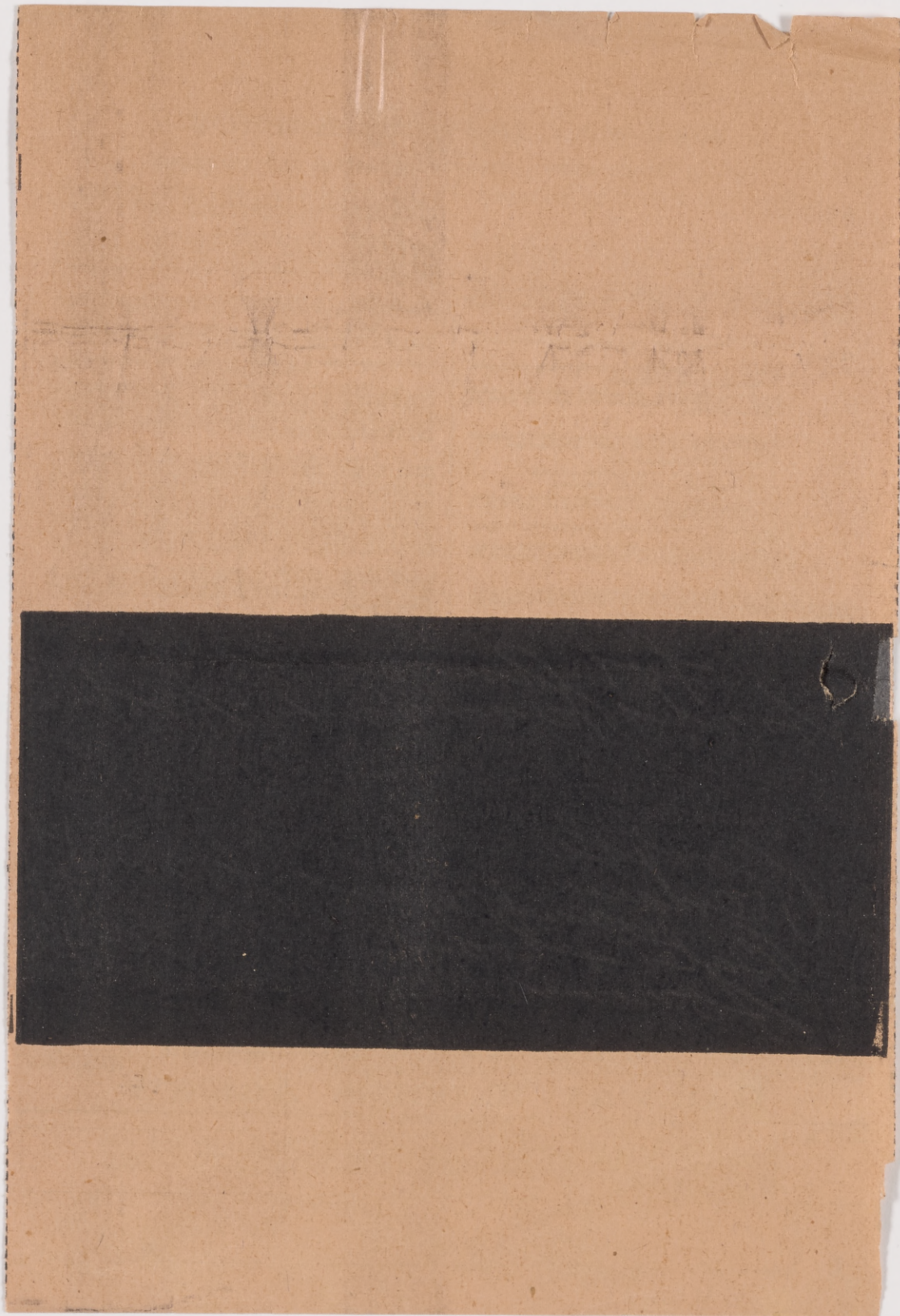
1

For the Company

194

M

(12)
pg. 250



(12)
Pg. 271

NAME		C-NUMBER		
WELLS, Charles Sely		16 051 489		
ADDRESS		SERVICE SERIAL NO.		
Veterans Home of Calif.		163 54 05		
CITY	STATE	DATE OF CLAIM	TYPE	WAR
Napa Co., California		10-19-50	10-2731	I
TYPE DISCH.	BR. SERVICE	ACTIVE DUTY DATE	DATE DISCH'D	
Hon.	USN	3-19-06	7-20-22	
DATE OF BIRTH	PLACE OF BIRTH	RANK	RACE	SEX
4-3-83	Brooklyn, N.Y.	CSK	W	M
SIGNATURE				
TITLE				

This acknowledges receipt of your application for benefits which is receiving attention. You will be notified when action is completed.

It is important that the C-Number indicated hereon be given on all future correspondence or inquiries regarding this application.

DETACH ALONG DOTTED LINES AND RETAIN FOR REFERENCE

VA LETTER
APR 1949

FL 3-39 ACKNOWLEDGMENT OF RECEIPT OF CLAIM

GPO 16-58437-1

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51
Pg 271

(12)

pg. 271



Bates + Evans (12)
Mortuary Records
6/30/48 - 3/7/51
pg 271

January 22, 1951

YOUR FILE REFERENCE:

Bates & Evans Funeral Directors
521 Broadway
Sonoma, California

IN REPLY REFER TO: CA 8BA
XC 16 051 489
WELLS, Charles Seely

(12)
pg. 271

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tankin

Chief, Dependents and Beneficiaries
Claims Division

FL 8-21

Mar. 1946

Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.

VA-WFD-373

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51
pg 271

12
Pg. 271

January 22, 1951
Bates & Evans Funeral Directors
521 Broadway
Sonoma, California
IN REPLY REFER TO: A 834
XC 16 051 489
WELLS, Charles Seely

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00 and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

Chief, Dependents and Beneficiaries
Claims Division

Attorney -
Joseph Isaacs.
Kearney & Mkt.
de young Bldg
57.

Bates+Evans
Mortuary Records
6/30/48 - 3/7/51
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(12)
pg. 271

WELLS, Charles S.
Ch. Storekeeper
US Navy

ENLISTED: 3-19-06
Houston, Texas

DISCHARGED: 11-1-35
Seattle, Wash.

PENSION #
~~1631489~~
16 051 489

SERV. SERIAL #
163 54 05

BATES & EVANS,
Sonoma, Calif.

Bates + Evans
Mortuary Records (12)
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(12)
pg. 271

ENLISTED: 3-19-06
Houston, Texas
DISCHARGED: 11-1-35
Seattle, Wash.
BATES, Evans
Sonoma, Calif.

Bates+Evans (12)
Mortuary Records
6/30/48 - 3/7/51
pg 271

LAW OFFICES OF
Joseph E. Isaacs
118 DEYOUNG BUILDING
690 MARKET STREET
San Francisco 4
DOUGLAS 2-5742

January 24, 1952

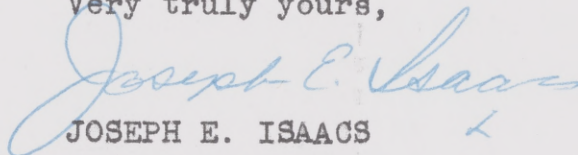
Bates and Evans
Sonoma, California

In re: Estate of Charles Seely Wells, deceased.

Gentlemen:

We are in the process of settlement in the above entitled estate which will include the payment of the funeral bill. I hope to have the same consummated within a very short time and I promise you there will be no closing of the matter until your fee is paid.

Very truly yours,


JOSEPH E. ISAACS

JEI/1

Bates + Evans
Mortuary Records (12)
6/30/48-3/7/51
Pg 265

Joseph E. Isaacs
Attorney at Law
San Francisco, California
Douglas 2-2742

January 24, 1952

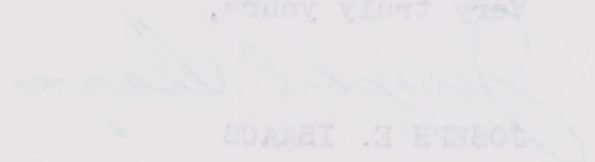
Bates and Evans
Sonoma, California

In re: Estate of Charles Seely Wells, deceased.

Gentlemen:

We are in the process of settlement in the above entitled estate which will include the payment of the funeral bill. I hope to have the same completed within a very short time and I promise you there will be no closing of the matter until your fee is paid.

Very truly yours,


JOSEPH E. ISAACS

JEI/v

Bates + Evans
Mortuary Records ⑫
6/30/48-3/7/51
Pg 265

MEMORANDUM OF SALE

In Account With

Mrs Melva Nelson

Date of Sale.....Total Obligation \$.....

[illegible]

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51
pg 278

ORDER AND TERMS

SONOMA, CALIFORNIA Jan. 12, 1951

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Otto Nielsen and supply the funeral furnishings, casket and professional services in the sum of \$ 307.56, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of \$ 307.56, as follows:

\$ 100.00 herewith and the sum of \$ 20.00 each mo. hereafter,

until the full sum shall have been paid. Said payments are payable at the Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Melva M. Nielsen Address Rt 2 Box 361 Sonoma

Signature _____ Address _____

Witness _____ Witness _____

Bates + Evans
Mortuary Records (12)
6/30/48 - 3/7/51
pg 278

VINCENT H. O'DONNELL
ATTORNEY AT LAW
MILLS TOWER - 220 BUSH STREET
SAN FRANCISCO
TELEPHONE EXBROOK 2-0244

March 9, 1951

Bates and Evans
Funeral Directors
Sonoma, California

Re: Estate of Oscar Oppenheimer,
deceased

Gentlemen:

Will you be kind enough to send me a claim signed before a Notary addressed to Mrs. Babette G. Scott, administratrix of the estate of Oscar Oppenheimer, deceased, for the funeral of said decedent. Please itemize the claim in the same manner as your bill presented on January 25, 1951.

Many thanks.

Very truly yours,

Albert J. Stein

AJS:W

Filed - March 30, 1951

Bates and Evans
Mortuary Records (12)
6/30/48 - 3/7/51
Pg 281

(12)
Pg. 281

8-72-5-1 letter

pg. 281 (12)

Bates and Evans
Funeral Directors
San Francisco, California

Re: Estate of Oscar Oppenheimer
deceased

Gentlemen:

Will you be kind enough to send me a claim signed before a Notary addressed to Mrs. Babette G. Scott, administratrix of the estate of Oscar Oppenheimer, deceased, for the funeral of said decedent. Please itemize the claim in the same manner as your bill presented on January 25, 1951.

Many thanks.

Very truly yours,

Wm. J. Bates

WJB:W

Bill - March 30, 1951

Bates and Evans
Mortuary Records (12)
6/30/48 - 3/7/51
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VINCENT H. O'DONNELL
ATTORNEY AT LAW
MILLS TOWER - 220 BUSH STREET
SAN FRANCISCO
TELEPHONE EXBROOK 2-0244

August 24, 1951

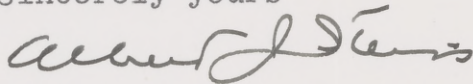
Mrs. Ernest G. Evans
Bates and Evans
Sonoma, California

Re: Estate of Oscar Oppenheimer,
Deceased

Dear Mrs. Evans:

In response to your letter of August 22, 1951, the administratrix of Mr. Oppenheimer's estate is negotiating for the sale of certain personal property of the estate in order to raise sufficient cash to pay the creditors' claims. I believe there is no doubt that the assets of the estate will be sufficient to cover all claims, but liquidation may require another month or two. I regret the unavoidable delay in paying your claim.

Sincerely yours



Albert J. Steiss

AJS:WH

(12)
Pg. 281

Bates and Evans
Mortuary Records (12)
6/30/48 - 3/7/51
Pg 281

12
Pg. 281


Mrs. Ernest O. Evans
Bates and Evans
Sonoma, California

Re: Estate of Oscar Oppenheimer
Deceased

Dear Mrs. Evans:

In response to your letter of August 22, 1951, the administrator of Mr. Oppenheimer's estate is negotiating for the sale of certain property owned by the estate in order to raise and distribute to pay the creditors' claims. I believe there is no doubt that the assets of the estate will be sufficient to cover all claims, but liquidation may require another month or two. I regret the unavoidable delay in paying your claim.

Sincerely yours



Albert J. Steiss

ALB:WH

Bates and Evans
Mortuary Records 12
6/30/48 - 3/7/51
Pg 281

FORM OA-C721
10-48

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVORS INSURANCE

FORM APPROVED.
BUDGET BUREAU NO. 72-R283-1.

We have been informed that you rendered the last services to the wage earner named below. It will be appreciated if you will complete the lower portion of this form for the records of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

Bates & Evans
521 Broadway
Sonoma, Calif.

CARLSON, Carl R.

NAME OF DECEASED WAGE EARNER

534-05-5386

SOCIAL SECURITY ACCOUNT NUMBER

(YOU MAY DETACH HERE AND SAVE TOP PORTION FOR YOUR FILES)

GPO

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
78 283

Form 10-40
10-40

FEDERAL SECURITY AGENCY
SOCIAL SECURITY ADMINISTRATION
BUREAU OF OLD-AGE AND SURVIVOR INSURANCE

We have been informed that you received the last notice to the wage earner named below. It will be discontinued if you will complete the lower portion of this form for the record of the Social Security Administration and return it in the enclosed addressed envelope, which requires no postage.

DANIELSON, Carl E.
NAME OF DECEASED WAGE EARNER
734-02-5382
SOCIAL SECURITY ACCOUNT NUMBER

Bates & Evans
521 Broadway
Sonoma, Calif.

THIS MAY BE FOLD HERE AND HAVE TOP PORTION FOR YOUR FILE

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51
Pg 283 (12)

Jack E. Millington

THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO

~~PACIFIC COAST BRANCH~~

HOME ADDRESS

1750 - 11th Street

LOS ALAMOS, NEW MEXICO

610 - 16th St.

OAKLAND 12, CALIF.

Tel: Higate 4-3870

220.
3.53

50.

10.

2.56

7.50

29359

260.19

33:40

SERVING FUNERAL DIRECTORS SINCE 1878

(12)

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

page 209

Jacob C. Williamson
 THE CHAMPION COMPANY, SPRINGFIELD 99, OHIO
 PACIFIC COAST BRANCH
 810 - 15th St.
 OAKLAND 12, CALIF.
 Tel. Migate 4-3870

HOME ADDRESS
 1750 - 11th Street
 LOS ALAMOS, NEW MEXICO

25.00
 3.23
 20.
 10.
 5.00
 5.00
 29.32
 2.00
 33.40

SERVING FUNERAL DIRECTORS SINCE 1878

12

Bates + Evans
 Mortuary Records
 6/30/48 - 3/7/51

Page 209

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1146-1147

195.00 Casket.

2.63 Sales Tax

50.00 Grave

10.00 Minister

2.56 Paper Notice.

260.19

7.50 music

(12)

Bates + Evans
Mortuary Records

6/30/48 - 3/7/51

page 289

San Francisco Casket Co.
 321-333 Valencia Street
 San Francisco, 3
 Telephone MAster 11-6117

10.00	Casket
2.00	Urn
10.00	Flowers
2.50	Paper
250.17	

(12)

Bates + Evans
 Mortuary Records

6/30/48 - 3/7/51

page 289

Bates & Evans

Funeral Directors

BROADWAY ST.

SONOMA, CALIFORNIA

TELEPHONE 2686

Sonoma, California _____ 19____

To _____

Please release the remains of Alexander Seaherg
deceased, to Bates and Evans, Funeral Directors, to be prepared for interment. Also, all
other personal effects, now in your possession, not subject to an Order of Court.

Name Mrs. Ellen P. Peters
Address 870 - Oak St. Apt. 2 - San Francisco
Relation to deceased Daughter

(12)

Bates & Evans
Mortuary Records
6/30/48 - 3/7/51

page 209

Bates & Evans
Funeral Directors
BROADWAY ST.
BONONA CALIFORNIA
TELEPHONE 2888

Seaside, California

To

Please release the remains of
deceased to Bates and Evans, Funeral Directors, to be prepared for interment. Also, all
other personal effects, now in your possession, not subject to an Order of Court.

Name: *William P. Peterson*
Address: *870 - 1st St. S.E. - Seaside*
Relation to deceased: *Brother*

12

Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

page 269

(12)
Pg. 294

ORDER AND TERMS

SONOMA, CALIFORNIA.....

Feb. 19, 1951

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Phillip Dent Hinckle and supply the funeral furnishings, casket and professional services in the sum of \$ 287.25, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of \$ 287.25, as follows:

\$.....herewith and the sum of \$.....each.....hereafter,

until the full sum shall have been paid. Said payments are payable at the.....Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature R. D. Hinckle Address 25 Parnassus ave.

Signature [Signature] Address 27, 17

Witness Feb 22 51 Witness [Signature]

(12) Bates + Evans
Mortuary Records
6/30/48 - 3/7/51

Pg 294

1779 The Alameda
San Jose, Calif.
Nov. 3, 1951.

Bates & Evans
Funeral Directors
Sonoma, Calif.

Gentlemen:

I am enclosing a check for \$845.92 in payment of the funeral bills of \$345.46 for Julian Pearson and \$500.46 for Adela Pearson. Please send me separate receipts for each in order that the records of the estate may be kept straight.

Sincerely yours,

Fredericks C. Coolidge

Bates + Evans (12)
Mortuary Records
6/30/48 - 3/7/51
pg 295

(12)
pg. 295

1779 The Alameda
San Jose, Calif.
Nov. 3, 1951.

Bates & Evans
Funeral Directors
Sonoma, Calif.

Gentlemen:

I am enclosing a check for \$34.46 for payment of the funeral bills of \$345.46 for Julian Pearson and \$300.46 for Adela Pearson. Please send me separate receipts for each in order that the records of the estate may be kept correct.

Sincerely yours,

Frederick C. Cook

1779 The Alameda
San Jose, Calif.

Bates + Evans (12)
Mortuary Records
6/30/48 - 3/7/51
pg 295

(12)
pg. 295

Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of **Henry J. Anselmi**

Deceased

PHONE SONOMA 2686

July 6

194 8

Casket	\$105.00
Removal from Veteran's Home	20.00
Burial permit	1.00
Cemetery Posts & tax	4.10
Clothing & tax	4.31
Opening grave	50.00
Mass	15.00
Conducting funeral & personal services	25.00
Hearse to cemetery	10.00
Limousine to cemetery	10.00
Certified death certificate	1.00
Burial box	25.00
Sales Tax	2.63
Total	<u>\$273.04</u>

July 6, 1948 I hereby state that the above statement is correct, that said services & merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.

Widow

...

Read Instructions on Back
 VITAL STATISTICS

1. FULL NAME HENRY J. ANSEIMI			3. USUAL RESIDENCE OF DECEASED:		
2. PLACE OF DEATH: (A) COUNTY Napa			(A) STATE California		
(B) CITY OR TOWN Rural			(B) COUNTY Sonoma		
IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL Hospital			(C) CITY OR TOWN Sonoma		
(C) NAME OF HOSPITAL OR INSTITUTION Veterans Home of California			IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL		
IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION			(D) STREET NO. Unknown		
(D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)			20. DATE OF DEATH: MONTH June DAY 30		
IN HOSPITAL OR INSTITUTION xxxxx 3 months			YEAR 1948 HOUR 12 MINUTE 5 P.M.		
IN THIS COMMUNITY 3 months IN CALIFORNIA Life					
(E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. ? _____ YEARS			21. MEDICAL CERTIFICATE		
3. (E) IF VETERAN, NAME OF WAR World War One			I HEREBY CERTIFY, THAT I ATTENDED THE DECEASED March 26, 19 48		
3. (F) SOCIAL SECURITY NO. _____			22. CORONER'S CERTIFICATE		
4. SEX Male			I HEREBY CERTIFY, THAT I HELD AN		
5. COLOR OR RACE White			AUTOPSY, INQUEST OR INVESTIGATION		
6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED Married			ON THE REMAINS OF THE DECEASED AND FIND FROM SUCH ACTION THAT DECEASED CAME TO		
6. (B) NAME OF HUSBAND OR WIFE Helen			THAT I LAST SAW H im ALIVE		
6. (C) AGE OF HUSBAND OR WIFE IF ALIVE Unknown YEARS			ON June 30, 19 48 H. _____ DEATH ON THE DATE AND HOUR		
7. BIRTHDATE OF DECEASED March 25, 1895			AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.		
MONTH DAY YEAR			IMMEDIATE CAUSE OF DEATH Hemorrhage from stomach		
8. AGE 53 YRS. 3 MOS. 5 DAYS IF LESS THAN ONE DAY OLD			DUE TO Ulcer of stomach		
HRS. MIN.			DUE TO Arteriosclerotic Heart Disease.		
9. BIRTHPLACE California			OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)		
10. USUAL OCCUPATION Painter			MAJOR FINDINGS: OF OPERATIONS		
11. INDUSTRY OR BUSINESS Unknown			DATE OF OPERATION		
12. NAME Batista Anselmi			OF AUTOPSY 6-30-48		
13. BIRTHPLACE Switzerland			PHYSICIAN		
14. MAIDEN NAME Lucia Motti			UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY		
15. BIRTHPLACE Switzerland					
16. (A) INFORMANT Hospital Records					
(B) ADDRESS Veterans Home, California					
17. (A) Burial (B) DATE 7-3-48			23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:		
(C) PLACE Mountain Cemetery, Sonoma			(A) ACCIDENT, SUICIDE, OR HOMICIDE? (B) DATE OF INJURY		
18. (A) EMBALMER'S SIGNATURE Eldred E. Emerson NO. 2523			(C) WHERE DID INJURY OCCUR? CITY OR TOWN COUNTY STATE		
(B) FUNERAL DIRECTOR Bates & Evans			(D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? SPECIFY TYPE OF PLACE WHILE AT WORK?		
ADDRESS Sonoma, California			(E) MEANS OF INJURY		
BY Eldred E. Emerson			24. CORONER'S OR PHYSICIAN'S SIGNATURE R. W. Simpson M.D.		
19. (A) 6-30-48 (B) [Signature] REGISTRAR'S SIGNATURE			(SPECIFY WHICH) Veterans Home, Calif. 6-30-48		
DATE FILED			ADDRESS DATE		

INSTRUCTIONS .

(1) Write with unfading black or blue-black ink. No other inks are acceptable. Certificates may be clearly typewritten. Every item of information should be carefully supplied.

(2) Age should be stated exactly. If definite date of birth is not known, the age should be stated as nearly as possible.

(3) This certificate must bear the actual signatures of the physician or coroner, the person filing the certificate for the funeral home, and the local registrar.

(4) **Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits may be known. An entry should be made in this section for every person aged 10 years or over. If the deceased has retired from business, the occupation prior to retirement should be reported. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, the entry should be **housewife**. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family**, **cook—hotel**, etc. For a person who had no occupation the entry should be **none**.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. The particular kind of work done should be stated clearly as **spinner**, **weaver**, etc.

In stating the industry or business the use of such general terms as "store," "factory," "mill," etc., should be avoided. The particular kind of store, factory, mill, etc., should be stated as **grocery store**, **soap factory**, **cotton mill**, etc.

The different kinds of engineers should be carefully distinguished by giving the full descriptive titles, as **civil engineer**, **mechanical engineer**, **mining engineer**, **stationary engineer**, etc. The term "laborer" should be avoided when a more precise statement of the occupation can be secured. The word "mechanic" should not be used but the exact occupation, as **carpenter**, **painter**, **machinist**, etc. A careful distinction should be made between **retail merchants** and **wholesale merchants**. The term "clerk" without qualification, should always be avoided. A person who sells goods should be called a **salesman**. A stenographer, typist, accountant, book-keeper, cashier, etc., should be reported as such, never as a "clerk."

(5) **Physician's Statement of Cause of Death.**—The morbid conditions relating to death are divided on the certificate into two groups. In Group I are those related to the "Immediate Cause" of death, and in Group II, those not causally related thereto. In most cases a statement of cause under Group I will suffice. Detailed certification is not desired, the entry of a single cause being preferable in all cases where this can be regarded as adequate (see Example 1), but where the physician finds it necessary to record more than one cause it is important that these be stated in the position provided on the form as indicative of their mutual relationship. This information is sought so that the selection of the cause for tabulation may be made in the light of the certifier's viewpoint:—

(a) Name first the "Immediate Cause" of death, *i.e.*, the disease, injury or complication which caused death (not mode of dying or terminal condition).

(b) Then give other morbid conditions (if any) of which it was the consequence, in order of causal relationship (due to) stating the most recent one first and then others in order.

(c) Entries under Group II should be reserved for "other important contributory morbid conditions" in those instances particularly in which death was due to a combination of maladies, none of which would have been fatal alone. In such cases the physician's judgment alone can afford guidance to the tabulator.

(d) Use always accepted terms for morbid conditions and never record mere symptoms.

(e) **Maternal Deaths.**—Qualify all diseases resulting from childbirth, miscarriage or abortion by the word "Puerperal," *e.g.*, puerperal septicæmia. Distinguish between septicæmia originating in abortion and in childbirth.

(f) **Cancer.**—In all cases the organ or part first affected should be specified.

(g) **Violent Deaths.**—Coroners, medical examiners and physicians who certify to deaths from violent causes should always clearly indicate the fundamental distinction of whether the death was due to **accident**, **suicide** or **homicide**, and then state the manner and nature of injury. The circumstances of each accident should be stated as fully as possible, *e.g.*, an **automobile accident** should always be designated as such.

The following examples illustrate the essential principles in the use of the form.

I	Example 1	Example 2	Example 3	Example 4	Example 5
Immediate Cause.....	(a) Lobar pneumonia	(a) Pulmonary tuberculosis	(a) Acute peritonitis	(a) Bronchopneumonia	(a) Uræmia
Morbid Conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause).	due to	due to	due to	due to	due to
	(b) —	(b) —	(b) Acute appendicitis	(b) Operation	(b) Chronic nephritis
	due to	due to	due to	due to	due to
	(c) —	(c) —	(c) —	(c) Strangulated inguinal hernia	(c) —
II	II	II	II	II	II
Other morbid conditions (if important) contributing to death but not causally related to immediate cause.	—	—	—	Chronic interstitial nephritis	Chronic bronchitis

~~ANSELM~~MI, Henry J.
Painter 2/c U.S.N.

ENLISTED: 7/29/18
San Francisco, Calif.

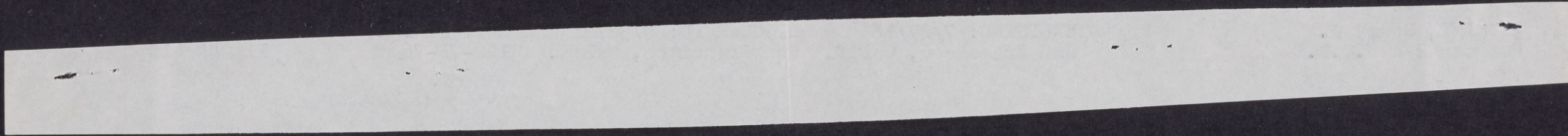
DISCHARGED: 9/30/21
San Francisco, Calif.

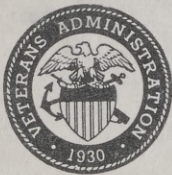
NAVY SERVICE NO.
100-74-76

11 049 415

↑
navy serial number

↑
C #





VETERANS ADMINISTRATION
BRANCH OFFICE 12
180 ~~New~~ Montgomery Street
San Francisco 5, California

August 5, 1948

YOUR FILE REFERENCE:

Bates & Evans
581 Broadway
Sonoma, California

IN REPLY REFER TO: SF8BA
XC- 11 049 415
ANSLEMI, Henry Joseph

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

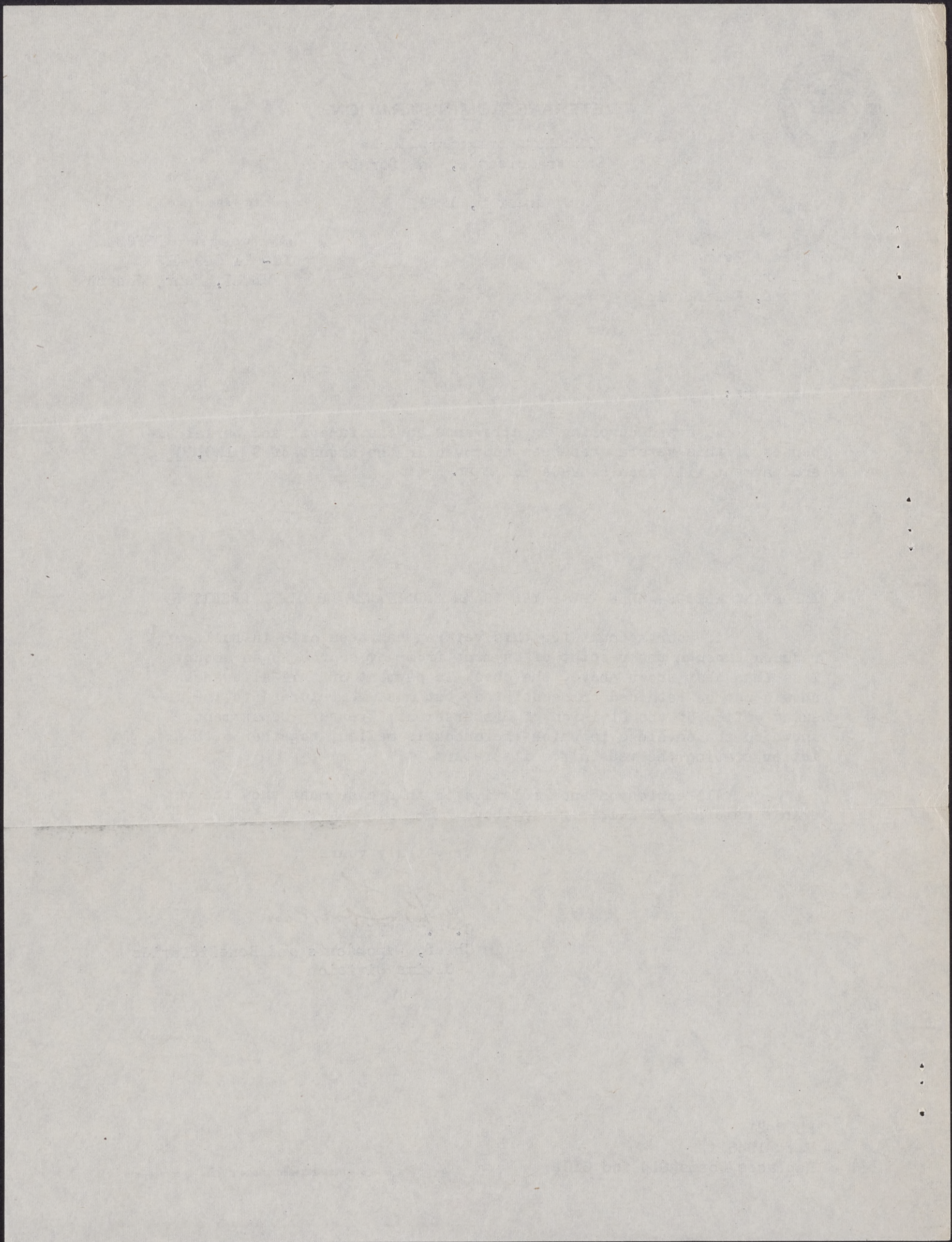
All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin
C. B. TONKIN

Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a



(FUNERAL DIRECTOR'S COPY)

Form No. 1

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Daniel Dodson
for 17 days; that said party died on the sixteenth
day of July, 19 48, the cause of death being unknown to the undersigned physician and the undersigned physician hereby requests the Coroner to perform an autopsy upon said
Daniel Dodson deceased, in
order to determine and ascertain the cause of death.

Dated: 7/17/48

Cody Eames, M.D.
Physician and Surgeon.

March 2, 1900

12

St. Louis

March 3, 1900

St. Louis

March 4, 1900

Erma Finnerty

SONOMA — Funeral services will be held in San Rafael tomorrow for Erma I. Finnerty, 65, the widow of a Sonoma physician who died in Greenbrae Friday.

Mrs. Finnerty was a native of Canada. She and her husband, the late Dr. E. J. Finnerty, came to Sonoma 35 years ago and established a general practice which he continued until 1946. He was associated with Sonoma State Hospital at the time of his death in 1948.

After her husband's death, Mrs. Finnerty moved to Greenbrae to be near her daughters. She has been ill for several years and was hospitalized for seven months until her death.

She is survived by her daughters, Mrs. Doris Wilhelm and Mrs. Margaret Zimmerman, both of Kentfield; her son, Robert Finnerly, San Leandro, and nine grandchildren.

Services will be at 9 a.m. tomorrow from Keaton's Mortuary, Fifth and E streets, San Rafael, with a Mass at St. Sebastian's Church following. Burial will be in the family plot at Catholic Cemetery, Sonoma.



Funeral Notice

Died, in San Rafael, Calif., Friday, April 8, 1960

Erma Imholt Finnerty

Dearly beloved wife of the late Dr. E. J. Finnerty; beloved mother of Doris Wilhelm of Kentfield, Margaret Zimmerman of Kentfield, and Robert Finnerty of San Leandro.

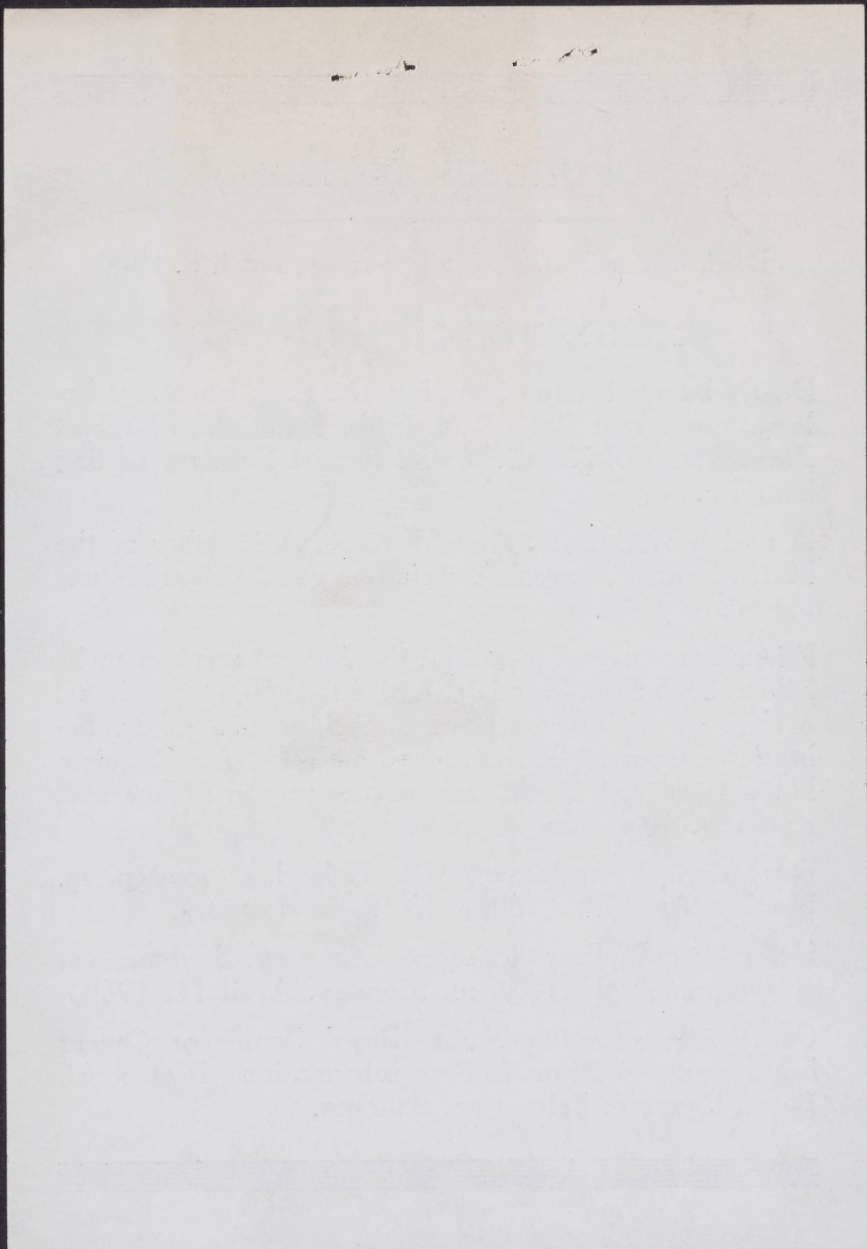
A native of Canada. Age 65 years. A member of the Marin County Nurses' Association. A Registered Nurse for many years.

Friends are invited to attend the funeral services to be held at 8:45 a. m. Monday, April 11, 1960, at the chapel of Keaton's Mortuary, San Rafael, thence to St. Sebastian's Church, Greenbrae, where a Solemn Requiem High Mass will be offered for the repose of her soul commencing at 9:30 a. m.

Recitation of the Rosary will be held at 8:00 p. m. Sunday, April 10, 1960, at Keaton's mortuary.

Interment: St. Francis Solano Cemetery, Sonoma, (at approximately 11:15 a. m. Monday, April 11, 1960).

Contributions to the Hanna Boys' Center or Cancer Fund preferred. For further information: Please call Bates, Evans & Fehrensens, Sonoma.



Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of White L. Smith

Deceased

PHONE SONOMA 2686

Dec. 16

1949

Casket	\$217.00
Removal	5.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	25.00
Burial box	25.00
Sales Tax	4.21
Total	<u>\$326.21</u>

Sept. 21, 1949 Paid on account by,

Vernon Silvershield, Public Administrator \$291.40

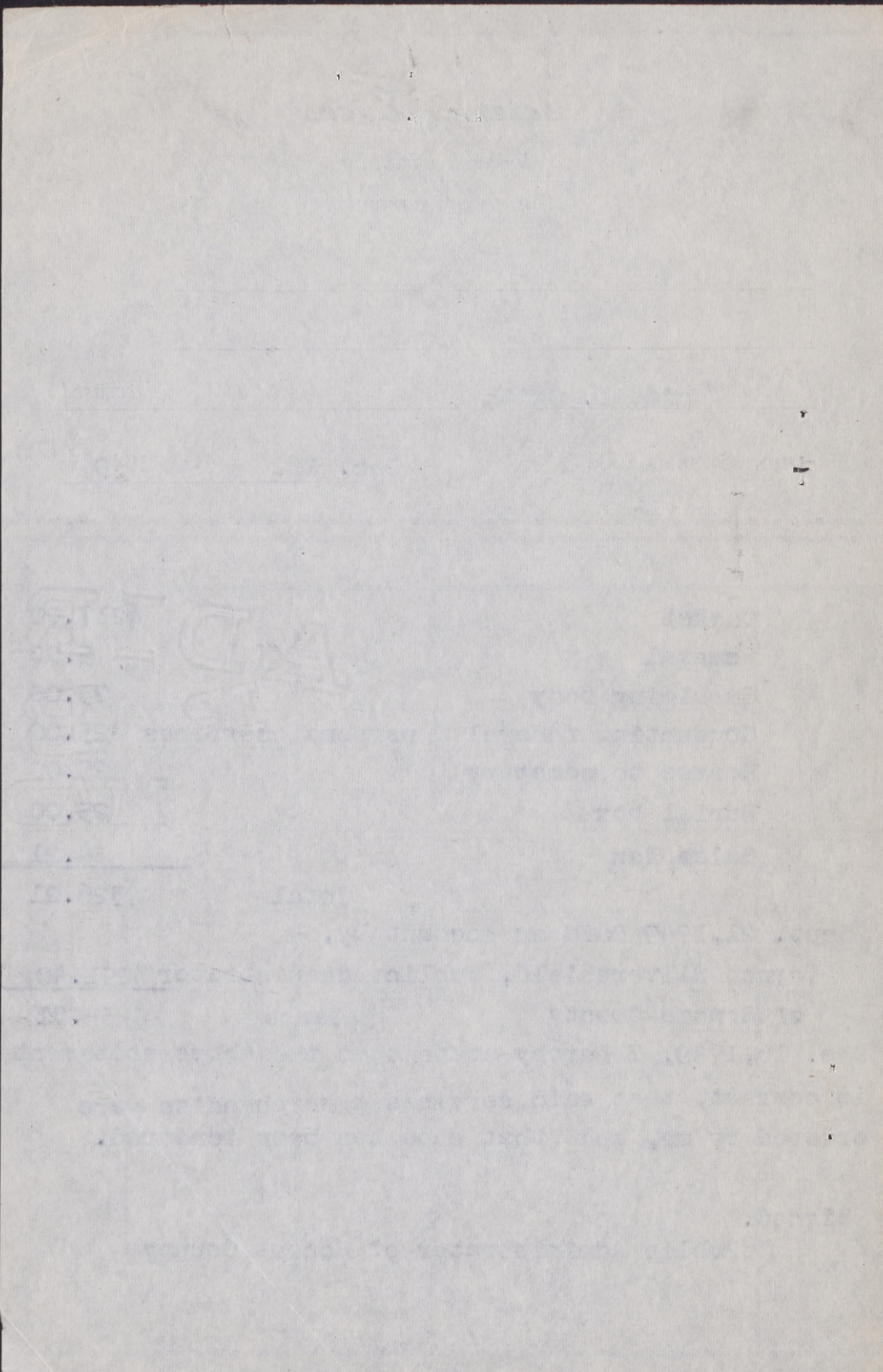
of Sonoma County

Balance \$ 34.81

Dec. 16, 1949, I hereby state that the above statement is correct, that said services & merchandise were ordered by me, and that same has been rendered.

Signed.

Public Administrator of Sonoma County



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of White L. Smith

Deceased

PHONE SONOMA 2686

Sept 2

194 8

Casket & complete funeral service	\$322.00
Sales Tax	<u>4.21</u>
Total	\$426.21

1952-1953

1952-1953

1952-1953

1952-1953

1952-1953

Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of White L. Smith

Deceased

PHONE SONOMA 2686

August 29

194 9

Casket	\$217.00
Removal	5.00
Embalming Body	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	25.00
Burial box	25.00
Sales Tax	4.21
Total	\$326.21

August 29, 1949, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed

Administrator

*sent on Creditor's Claim
To Verne*

AC
CO

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of White L. Smith

Deceased _____

PHONE SONOMA 2686

August 6

194 8

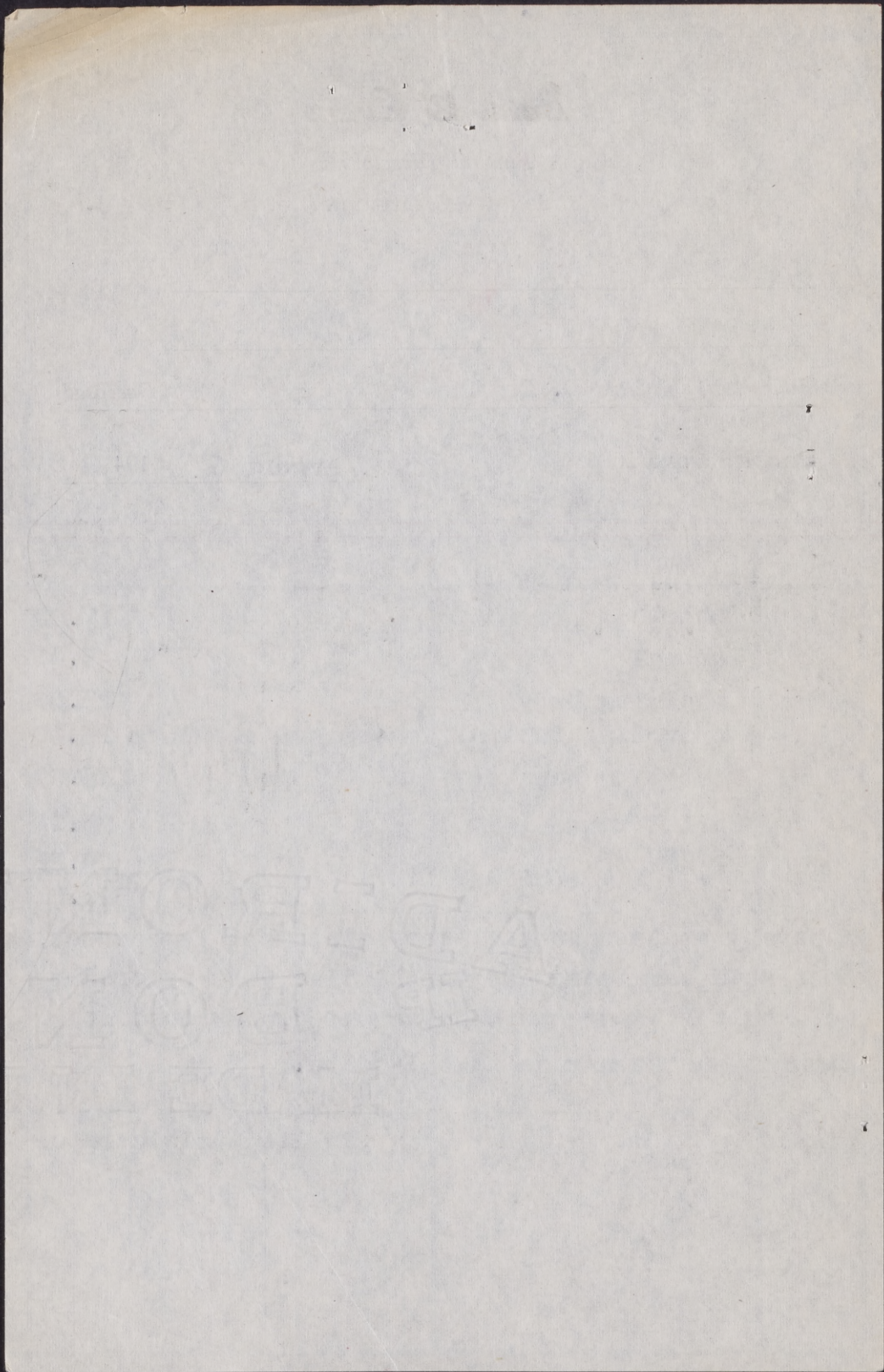
Casket	\$217.00
Removal	5.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	25.00
Burial box	25.00
Sales Tax	4.21
Total	\$326.21

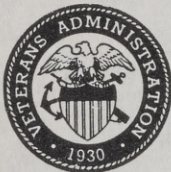
I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed

, Public Administrator

326.21
291.40
34.81





VETERANS ADMINISTRATION

DISTRICT OFFICE
1509 CLAY STREET
OAKLAND 12, CALIFORNIA

January 4, 1950

YOUR FILE REFERENCE:

Bates and Evans
521 Broadway
Sonoma, California

IN REPLY REFER TO:

XC-1 947 132
SMITH, White L.

OA8BA

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$34.81, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. TONKIN

Chief, Dependents and Beneficiaries
Claims Division

FL 8-21

Mar. 1946

Replaces Forms 610 and 610a

WFD-12-8-49-3000 02630

U. S. GOVERNMENT PRINTING OFFICE : 1946-O-705344-818



VETERANS ADMINISTRATION

DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, D. C. 20330

January 1, 1970

YOUR FILE REFERENCE

NOTE

REPLY TO: 10-101-132
10-101-132
10-101-132

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10-101-132

RE: 10-101-132
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10-101-132



DISTRICT OFFICE
VETERANS ADMINISTRATION
1509 Clay Street
Oakland 12, California

December 6, 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO: OA8BA
XC 1 947 132
SMITH, White L.

Bates and Evans
521 Broadway
Sonoma, California

Gentlemen:

Reference is made to the death of White L. Smith and the claim filed by you for the government burial allowance.

This office is now in receipt of a final account of this veteran's estate as certified by the court, which shows an unpaid balance due your firm for burial expenses.

If you desire, you may file another Application for Burial Allowance on Veterans Administration Form 8-530, and consideration will be given to payment of the unpaid balance of this account.

You are reminded that all claims for burial allowance must be received by the Veterans Administration within two years from the date of the veteran's burial, and all communications relative to this case should bear the veteran's name and the XC-number shown above.

Very truly yours,

C. B. Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

Encl.
Form 8-530

VETERANS ADMINISTRATION
1500 Clay Street
Oakland 12, California

December 2, 1949

Mr. J. M. Smith
1500 Clay Street
Oakland 12, California

Mr. J. M. Smith
1500 Clay Street
Oakland 12, California

Dear Mr. Smith:

Reference is made to the death of Mr. J. M. Smith and the claim filed by you for the government burial allowance.

This office is now in receipt of a final account of this veteran's estate as certified by the court, which shows an unpaid balance due your firm for burial expenses.

If you desire, you may file another Application for Burial Allowance on Veterans Administration Form 8-530, and consideration will be given to payment of the unpaid balance of this account.

You are reminded that all claims for burial allowance must be received by the Veterans Administration within two years from the date of the veteran's death, and all communications relative to this case should bear the veteran's name and the 10-number shown above.

Very truly yours,

C. B. Smith

Chief, Department and Headquarters
Claims Division

Encl.
Form 8-530



VETERANS ADMINISTRATION
BRANCH OFFICE 12
180 New Montgomery Street
San Francisco 5, California



January 31, 1949

YOUR FILE REFERENCE:

Bates and Evans
521 Broadway
Sonoma, California

IN REPLY REFER TO: SF8BA
XC 1 947 132
SMITH, White L.

Gentlemen:

Reference is made to your application for burial allowance in the case of White L. Smith.

Please be informed, it has been necessary to disallow your claim due to the fact that there were sufficient assets in the veteran's estate to pay the funeral expenses.

Mr. Vernon Silvershield, Public Administrator, has advised this office that there was \$378.26 in assets owned by the veteran at the time of his death and that the only claim against the estate beside that of the undertaker is a doctor bill in the amount of \$5.00.

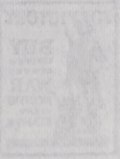
For your information, Veterans Administration regulations provide that the burial allowance will not be awarded in any case where an award would result in an escheat in any part of the estate.

If you have no further evidence to submit but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. If you wish to appeal, you should so inform this office, and you will be furnished with VA Form P-9 for that purpose.

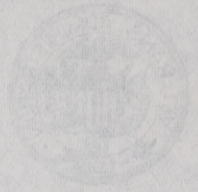
Very truly yours,

C. B. Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division



VETERANS ADMINISTRATION



YOUR FILE NUMBER IS

IN REPLY REFER TO

G. B. Tinker

C O P Y

Mr. C. B. Tonkin, Chief
Dependents and Beneficiaries
Claims Division, Veterans
Administration, Branch Office 12
180 New Montgomery Street
San Francisco 5, California

Re: XC-1 947 132 SMITH, White L.

Dear Mr. Tonkin:

I received a copy of your letter to Bates & Evans at 521 Broadway Sonoma, California, concerning the burial allowance in this case. I note that you have disallowed the claim due to the fact that there were assets in the veteran's estate with which to pay the funeral expenses. However, there is a deficiency since the veteran's total estate amounted to \$378.36 against which there were expenses for Administration and Fees aggregating \$82.96, leaving \$295.40 cash for payment of the funeral bill.

In an earlier letter I believe I erroneously stated that the funeral expenses were \$176.21, this was the amount of the claim filed against the estate, deducting the anticipated \$150.00 from the Government. The total burial cost was \$326.21.

I trust that this will clear the picture for you.

Sincerely yours,

VERNON SILVERSHIELD,
Administrator of the
Estate of White L.
Smith, Deceased

VS:im

cc to Bates & Evans

1. The first part of the report is a summary of the work done during the year.

2. The second part is a detailed account of the work done during the year.

3. The third part is a summary of the work done during the year.

4. The fourth part is a summary of the work done during the year.

5. The fifth part is a summary of the work done during the year.

6. The sixth part is a summary of the work done during the year.

7. The seventh part is a summary of the work done during the year.

8. The eighth part is a summary of the work done during the year.

9. The ninth part is a summary of the work done during the year.

10. The tenth part is a summary of the work done during the year.

November 28, 1949

Veterans Administration
180 New Montgomery Street
San Francisco, California

SF8BA
XC 1 947 132
SMITH, White L

Attention C. B. Tonkin, Chief
Dependents and Beneficiaries
Claims Division

Dear Mr. Tonkin:

Estate of White L. Smith, Deceased

As requested in your letter of March 9 I am enclosing a certified copy of the First and Final Account and a certified copy of the Report filed in the estate of White L. Smith, Deceased. You will note that the claim of Bates & Evans was not paid in full due to insufficient funds, and therefore, there is a balance due of \$34.81.

Sincerely,

Vernon Silvershield
Administrator Estate
White L. Smith,
Deceased

wb

Enclosures

51

WALTHAMORE BOND

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

MADE IN U.S.A.

C O P Y

January 19, 1949

Mr. C. B. Tonkin, Chief
Dependents and Beneficiaries
Claims Division, Veterans Admin.
Branch Office 12
180 New Montgomery Street
San Francisco 5, California

Re: SF8BA SC-1 947 132 SMITH, White L.

Dear Sir:

In response to your request for information concerning the above deceased, for whom an application for burial allowance was made by Bates & Evans 521 Broadway, Sonoma California, please be advised that as far as we have determined Mr. Smith left no known heirs at the time of his death - July 31, 1948. The estate consists of \$359 cash which was on deposit in the American Trust Company Bank, Sonoma Branch, and \$19.26 cash found in his personal effects. The funeral cost in this estate was \$176.21, also there is a claim from Dr. Carrol B. Andrews for \$5.00 for services rendered.

Trusting that this gives you the information required,
I am

Sincerely yours,

VERNON SILVER SHIELD,
Administrator of the
Estate of White L.
Smith, Deceased

VS:im

REBATHING BOND
FAC. 100.00 U.S.A.

DISTRICT OFFICE NO. 12

180 New Montgomery Street
San Francisco 5, California

March 9, 1949

Mr. Vernon Silvershield
Coroner and Public Administrator
Room 120 Court House
Santa Rosa, California

XC 1 947 132
SMITH, White L.

SF8BA

Dear Mr. Silvershield:

This acknowledges receipt of your letter of March 1, 1949 in the case of White L. Smith, deceased, the contents of which have been noted.

Due to the fact that it appears there may be a small amount payable to the undertaker in this case from the government burial allowance, it is requested that you furnish this office with a certified copy of the schedule of assets and liabilities of this veteran's estate, as submitted to the court. Upon receipt of same, consideration will be given to a new claim for reimbursement for the unpaid balance of his bill.

There is enclosed for your convenience in reply a self-addressed postage free envelope.

Very truly yours,

Encl:
Envelope

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

cc: Bates & Evans
521 Broadway
Sonoma, California

TO THE HONORABLE
MEMBERS OF THE HOUSE OF REPRESENTATIVES
OF THE STATE OF NEW YORK

IN SENATE,
January 1, 1901.

REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
MAY 1, 1899.

ALBANY: J. B. LEECH, STATE PRINTER, 1901.

ALBANY: J. B. LEECH, STATE PRINTER, 1901.

ALBANY: J. B. LEECH, STATE PRINTER, 1901.

August 25, 1948

O'LEARY FUNERAL HOME

151 BODEGA AVENUE

SEBASTOPOL, CALIFORNIA

TELEPHONE 27-W

Bates & EvansSonoma, CaliforniaFUNERAL OF Claudia Evelyn Cleveland

Grave 6, Row 3, Evergreen Section,
Sebastopol Cemetery
Opening and closing grave
Use of lowering device

\$100	00
30	00
5	00
<hr/>	
\$135	00

PAID
Aug. 31, 1948
O'LEARY
By *Margaret E. Hayes*



Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

COPY

Funeral of Abe B. McLean

Deceased

PHONE SONOMA 2686

Sept. 11

194 8

Casket	\$207.00
Removal from Santa Rosa	15.00
Embaling body	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	25.00
Limousine to cemetery	25.00
Burial box	25.00
Mass	15.00
Paper notices	2.56
Sales Tax	4.21

\$368.77

Sept. 11, 1948 I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed...

Sister



VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

October 19, 1948

YOUR FILE REFERENCE:

Bates & Evans (Und.)
521 Broadway
Sonoma, California

IN REPLY REFER TO: 8BAAD
XC- 2 401 377
Mc LEAN, Abe B.

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE--WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours.

R. J. Hinton

R. J. HINTON,
Director,
Dependents and Beneficiaries
Claims Service

FL 8-21
Oct. 1947

Replaces Forms 610 and 610a

44899

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.



VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

OFFICE OF THE SECRETARY

IN REPLY, REFER TO:

NO-2 401 377

PO LEAN, Mrs. E.

James A. Evans (Ind.)

24 Broadway

San Francisco, California

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$150.00 and payment will soon be made to you.

IMPORTANT NOTICE--WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for the return.

All correspondence relative to this case must show the veteran's name and NO number given above.

Very truly yours,

E. J. HINTON

Director

Dependents and Beneficiaries

Claims Service

RECEIVED

OCT 1941

Register Form 610 and 610a

Approved by the Department of Veterans Affairs, Washington, D.C. for the purpose of providing information to the public.

No. _____

Oct 31, 1948

194

RECEIVED

OF

Bates & Evans

Five and ⁰⁰/₁₀₀

Dollars

Removing 2 Bodies from Airplane
Wreck.

\$

Bob Clough.

RECEIVED OF

Park Florist
Richmond,

238.69
Minister 10. —
Followers 35.88
\$ 284.57

~~2289~~
~~5588~~
~~XX~~

~~28888~~

E. J. Maxwell

5690 Ludwig Ave
El Cerrito
Calif -

SAVE YOUR RECEIPTS

Nº

326

J. J. McDONALD

UNDERTAKEN COMPANY

TELEPHONE 3-4503

VALLEJO, CALIF.,

Nov. 24

1948

RECEIVED OF

Bates & Evans

Inc.

50

DOLLARS \$

250

Removal Permit for Joseph A. Hall

CHECK
DRAFT
MONEY ORDER
CASH
JOUR.

DISCOUNT
ALLOWED \$

J. J. McDONALD

BY

Wm J. Linsay

836

No.

SAVE YOUR RECEIPTS

J. J. McDONALD

UNDETTACHED COMPANY

NO. 1001

RECEIVED OF

DOLLARS &

J. J. McDONALD

DISCOUNT

ALLOWED

ORDER

CASH

DATE

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of **Joseph A. Hall**

Deceased

PHONE SONOMA 2686

Nov. 29

194 8

Casket	#385.00
Burial box	25.00
Removal from Vallejo	20.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Mass	15.00
Funeral notices	11.21
Hearse to cemetery	10.00
Limousine to cemetery	10.00
Removal permit	2.50
Card of Thanks in paper	1.00
Sales Tax	6.13
	<u>\$535.84</u>

Nov. 29, 1948 I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed

Brother

ADDITIONAL
PAGES
FOR
RECORDS



VETERANS ADMINISTRATION
BRANCH OFFICE 12
180 New Montgomery Street
San Francisco 5, California

December 30, 1948

YOUR FILE REFERENCE:

Bates and Evans
521 Broadway
Sonoma, California

IN REPLY REFER TO: SF,BA
XC-1 273 188
HALL, Joseph A.

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$180.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,
C. B. Tonkin
C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

VETERANS AND THE FUTURE

By [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

ORDER AND TERMS

SONOMA, CALIFORNIA Dec. 9, 1948

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of Henley Burdett Simpson and supply the funeral furnishings, casket and professional services in the sum of \$ 322.00, do therefore, for value

received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of \$ 322.00, as follows: Should the Estate of the above named deceased fail to do so in due time \$.....herewith and the sum of \$.....each hereafter,

until the full sum shall have been paid. Said payments are payable at the.....Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature Wesley Simpson Address 161 Primrose Ave Palo Alto
administratrix of Estate Aito

Signature.....Address.....

Witness.....Witness.....

MEMORANDUM OF SALE

In Account With

M. John Wesley Simpson

Date of Sale 12/9/48 Total Obligation \$ 322.00

Date	Amt. Paid		Received by	Balance Due	

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

March 7, 1950

J. Wesley Simpson
161 Primrose Ave.
Palo Alto, California

Dear Mr. Simpsons:

On November 2, 1949, I wrote you a letter, requesting that you send me the address of the attorney handling the estate of your brother, Henley Simpson. I received no answer to my inquiry.

We wish to have the attorneys name, and address, so that we may file a Creditors claim.

As you know Mr. Simpson, we have a contract signed by you, that if the estate of your brother did not take care of this funeral account, you would personally do so. If we do not receive the name of the attorney handling this estate, by return mail, we shall put this contract into effect, through our attorney.

We would be very sorry to have to resort to the above method of collecting, but I believe you will agree that we have been more than patient, regarding this account, which is more than one year old, and we have not been paid one penny.

Trusting we shall hear from you by return mail,

Yours Very Truly,

Bates & Evans

(Mrs. Ernest G. Evans)

Bates and Sons

General Offices

1000 CALIFORNIA

Bates and Evans

Funeral Directors
SONOMA, CALIFORNIA

November 2, 1949

J. Wesley Simpson
161 Primrose Ave.
Palo Alto, Calif.

Dear Mr. Simpson:

Again referring to the account we have
with you, for the funeral of your brother, Henley
B. Simpson.

If it is necessary that we file a creditors
claim, for this account, please advise us, and
with whom shall we file it?

This account will soon be one year old,
and we would appreciate having some definite
arrangement, regarding this matter.

Yours Very Truly,

Bates & Evans
Ernest G. Evans
(Mrs. Ernest G. Evans)

Boyer and Boyer

San Francisco
CALIFORNIA

March 1, 1902

Dear Sir:
I have the honor to acknowledge the receipt of your letter of the 28th inst.

and in reply to inform you that the same has been forwarded to the proper authorities.

Very respectfully,
Boyer and Boyer

Enclosed for you are two copies of the report of the committee on the subject of the proposed amendment to the constitution of the State of California.

I am, Sir, very respectfully,
Your obedient servant,
Boyer and Boyer

Very truly yours,
Boyer and Boyer

Boyer and Boyer
San Francisco, Cal.
(Boyer and Boyer)

SIMPSON, DUFF and McCUTCHEON

Manufacturers' Representatives

HOUSEWARES · GIFTWARES · LAMPS

283 WESTERN MERCHANDISE MART · 1355 MARKET ST · SAN FRANCISCO 3
UNderhill 1-2727

June 28, 1949

Mrs E.G. Evans
Bates & Evans
Sonoma, California

Dear Mrs. Evans:

Your letter of June 27th was the first and only one to reach me. I am sorry that I did not receive the letter of March 4th, referred to in your letter.

My brother's estate is still in the process of being settled and as yet no funds have been disbursed. This means that you, myself and others to whom the estate owes money will have to wait until the funds are released.

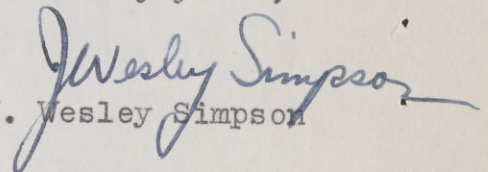
Please rest assured that as soon as funds are released that you will be paid in full. As a matter of fact, I have given your bill first priority on the list and it will be the first to be paid.

Your patience and understanding is deeply appreciated by all of us.

I expect to have some definite information from my brother's attorney about the middle of July. It is my hope that all bills can be paid at that time. In any event, as soon as I know anything definite, I will let you know.

Again thanking you for your consideration, I remain.

Sincerely yours,


J. Wesley Simpson

JWS:s

Copy for estate file.

201, 1942

1942, 1943

1943, 1944

1944, 1945

1945, 1946

1946, 1947

1947, 1948

1948, 1949

1949, 1950

1950, 1951

1951, 1952

1952, 1953

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1954, 1955

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1983, 1984

1984, 1985

1985, 1986

1986, 1987

1987, 1988

1988, 1989

1989, 1990

1990, 1991

1991, 1992

1992, 1993

Bates and Evans

Funeral Directors
SONOMA, CALIFORNIA

June 27, 1949

J. Wesley Simpson
161 Primrose Ave.
Palo Alto, Calif.

Dear Mr. Simpson:

On March 14, 1949 we sent a letter to you, regarding the account of your brother, Henley Simpson.

We have received no answer to the above letter. You signed a contract with us, Mr. Simpson assuming responsibility for the funeral expenses of your brother, providing his Estate was not large enough to take care of it.

We shall expect to hear from you, by return mail, or we shall have to place this in the hands of our attorney. We do not wish to resort to the above method, but you have so far ignored our communications with you.

Trusting we shall yet hear from you, We are,

Yours Very Truly,

Bates & Evans

By

Jewell R. Evans
(Mrs. Ernest G. Evans)

State and County

County of Santa Clara
State of California

1000



Army of the United States of America

To all who shall see these presents, greeting:

This is to certify that

*by direction of the President and under the provisions of section nine of the
act of Congress, approved May eighteen, nineteen hundred and seventeen,*

Raymond St. Clair

Captain, Medical Corps

*was honorably discharged from the military service in The United States Army
at Camp Dodge, Iowa*

on the twenty-eighth day of January, 1919

Issued in lieu of lost or destroyed certificate

Form No. 525-3. A. G. O.

LBL 7/2

GOVERNMENT PRINTING OFFICE

J. Greener
Adjutant General

MILITARY RECORD

Battles, engagements, skirmishes none

Medals awarded none, 19

Wound chevrons authorized none

War service chevrons authorized

Remarks Accepted appointment as 1st Lt. M. R. C., Mar. 28, 1917. Assigned to active duty Aug. 22, 1918. Aftd. Capt. Oct. 2, 1918. Served with 276 F. H. - 19 S. I. Honorable discharged in S. O. #28. Hqs. Camp Dodge, Ia. Jan. 28, 1919 under the Prov. of Sec. 7, act of Congress May 18, 1917 + C. No. 75- W. D. 1918

3-6055

J. P. Green
Adjutant General

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Raymond St. Clair

Deceased _____

PHONE SONOMA 2686

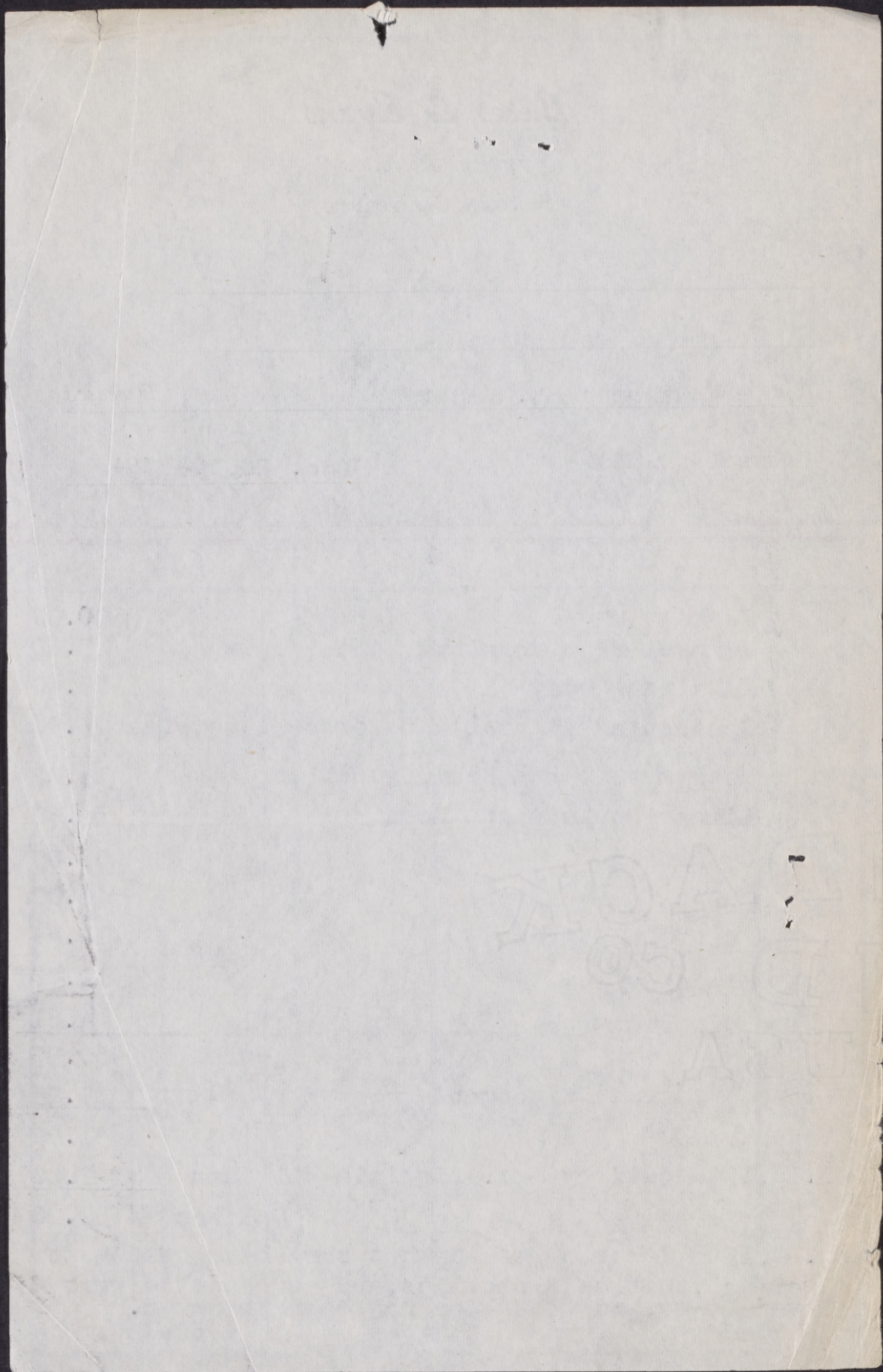
Dec. 20, 1948 194

Casket	\$300.00
Removal from Hospital Home	5.00
Embalming body	25.00
Conducting funeral and personal services	25.00
Hearse to Santa Rosa ^{for} Cremation	15.00
Limousine to Santa Rosa	15.00
Cremation	45.00
Music	5.00
Funeral notices	10.44
Minister	10.00
Sales Tax	4.81
Total	<u>\$460.25</u>
Less cash discount	<u>19.25</u>
	\$441.00
Dec. 18, 1948 paid by Mrs. Virginia Williams	<u>291.00</u>
daughter	Balance \$150.00

Dec. 20, 1948 I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered.

Signed _____

Daughter





VETERANS ADMINISTRATION
BRANCH OFFICE 12
180 New Montgomery Street
San Francisco 5, California

January 31, 1949

YOUR FILE REFERENCE:

Bates & Evans
521 Broadway
Sonoma, California

IN REPLY REFER TO: SF8BA
XC 2 754 640
ST. CLAIR, Raymond

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

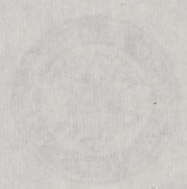
All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a



VETERANS ADMINISTRATION
U.S. DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, D.C. 20330

TO: [Illegible]
FROM: [Illegible]
SUBJECT: [Illegible]

RE: [Illegible]
DATE: [Illegible]

1. [Illegible]
2. [Illegible]
3. [Illegible]
4. [Illegible]
5. [Illegible]
6. [Illegible]
7. [Illegible]
8. [Illegible]
9. [Illegible]
10. [Illegible]

Very truly yours,
[Illegible Signature]

(S) [Illegible]

Enclosure
[Illegible]

100-100000-100000
[Illegible]

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. Stephen O'Connor

ElVerano, Calif

Funeral of Robert C. O'Connor

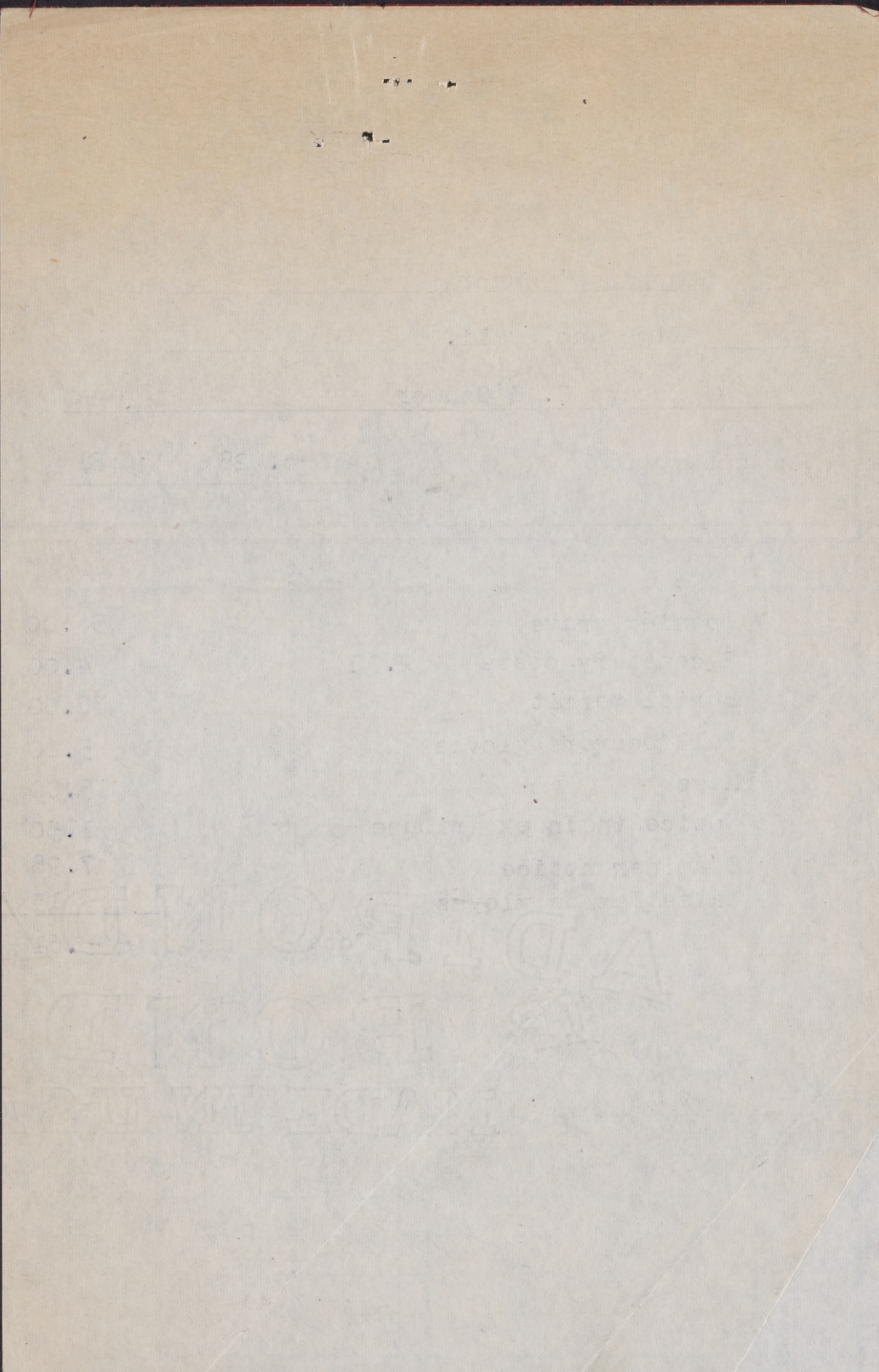
Deceased

PHONE SONOMA 2686

Dec. 28

1948

Opening grave	\$56.00
2 cemetery posts @ \$2.00	4.00
Burial permit	6.00
Pall bearers gloves	5.00
Mass	15.00
Notice in Index Tribune	1.50
Examiner notice	7.98
Sales Tax on gloves	13
Total	<u>\$95.61</u>



AMERICAN GRAVES REGISTRATION DIVISION
SAN FRANCISCO PORT OF EMBARKATION
OAKLAND ARMY BASE

RECEIVING FUNERAL DIRECTOR'S REPORT

TO BATES & EVANS BROADWAY STREET, SONOMA, CALIFORNIA
(Receiving Funeral Director) (Address)

REMAINS OF SGT ROBERT C O'CONNOR 39127770

CONDITION OF CASKET ON ARRIVAL Excellent
(To be filled in by Receiving Funeral Director)

Cpl. George D. Wallman
(Signature of Escort)

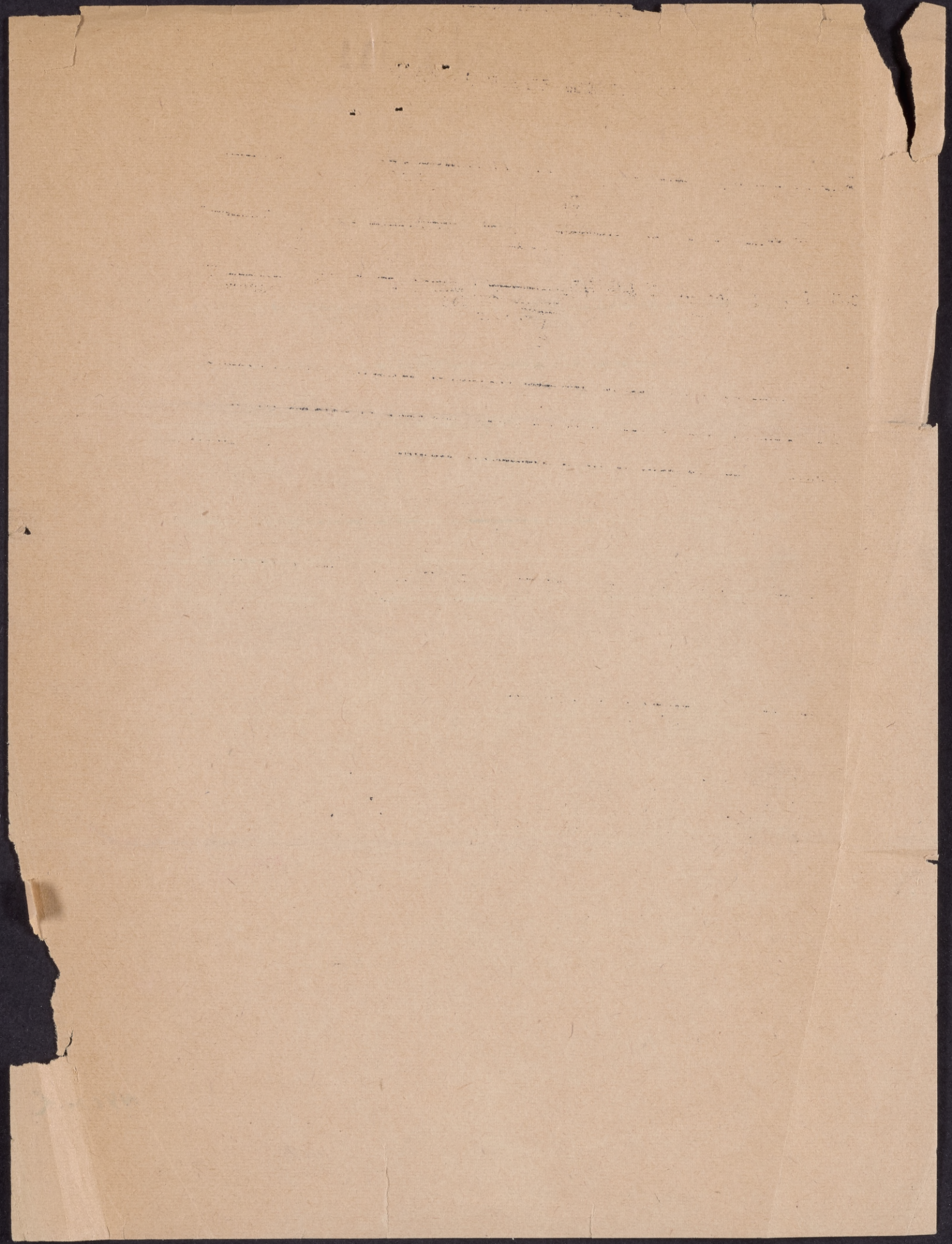
Bates & Evans
(Signature of Receiving Funeral Director)
Jewell R Evans

Dec 27, 1948
(Date)

INSTRUCTIONS:

To be prepared in duplicate and placed in escort's envelope. Escort will return signed original to AGRD for filing. Duplicate copy to be left with Receiving Funeral Director for his files.

NY 020 K



CITY
SAN F.

Department of Public Health

Nº 81609

DUPLICATE

RECEIVED

FROM

12/24/

194

8

Bates & Evans

John Vabk

2 CERTIFIED CERTIFICATE OF DEATH

9586-48

2

1 REMOVAL PERMIT

1

3

J. C. GEIGER, M. D.

DIRECTOR OF PUBLIC HEALTH

BY

[Signature]


DEPUTY

1/3/51

Water & Power

John V. Allen

84-582R



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr.

Funeral of Clara M. Johnson

Deceased

PHONE SONOMA 2686

March 23, .950 194

Casket & complete funeral service	\$393.00
Dress & tax	15.38
Underwear & tax	4.36
Oakland permit	1.00
Local burial permit	4.00
Opening grave	45.00
Rev. Todd	10.00
Music	7.50
Local funeral notice	2.56
Casket spray	25.00
Sales Tax	5.10
Total	\$512.90
Dec. 29, 1948 Paid on account	250.00
Balance	\$262.90

100

THE

LIBRARY

OF

THE

UNIVERSITY

100

LAW OFFICES OF
ROLAND H. KRUGER
BARRACKS BUILDING
SONOMA, CALIFORNIA
TELEPHONE 5584

Sept. 12, 1950

C
Deasy and Dodge,
Attorneys at Law,
514 Easton Building,
Thirteenth and Broadway
Oakland (12) California.

RE: Estate of Johnson
ATTEN: Mr. W. B. Colthurst, Esq.

Dear Mr. Colthurst:

O
This will acknowledge your check dated
September 11, 1950, payable to me and to Bates & Evans
in the sum of \$40.00, to be applied on the account of the
above estate and Lucille Meiring, and leaving a balance of
\$60.00.

Thank you for this remittance.

Yours very truly,

P
ROLAND H. KRUGER, Esq.
Attorney at Law.

Y
RHK:my

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

March 7, 1950

Mrs. Lucille Meiring
2362 East 23rd. St.
Oakland, Calif.

Dear Mrs. Meiring:

We have written two letters to you, without any reply. This account of your Mother, is over one year old, as you well know, and inasmuch as you have ignored our letters, we shall be forced to place this account in the hands of a collector, if we do not have an immediate reply from you.

Yours Very Truly,

Bates & Evans

Ernest G. Evans
(Mrs. Ernest G. Evans)

Attorney
Wallace B Coethurst
428-13 St.
Easton Building
Room 514
Oakland -

ma
New address
1929 Park St.
Pass Rebel.

pt For Charges Collected From Consignee

Office **CROCKETT, CALIF.**

194

M

THE RAILWAY EXPRESS AGENCY, Inc.

For Transportation of:

INCORPORATED

PIECE—S

ARTICLE

DESCRIPTION

Class

Declared Value

Rate

Weight

SHIPPER

Date of Shipment

ADDRESS

Delivery Sheet No.

EXPLANATION OF ADDITIONAL CHARGES

Received Payment for the Company.

(3001) Printed in U.S.A.
(3-45)



Advances

Storage Charges

Value Charges

Express Charges

Tax

Additional Charges

C. O. D.

C. O. D. Service Charges

Total

Thank you—We appreciate your patronage.

Saturday 1 15 P.M.

L. 4 M.

Train - 34 - 38.

RAILWAY EXPRESS AGENCY

INCORPORATED

UNIFORM EXPRESS RECEIPT—NON-NEGOTIABLE—TERMS AND CONDITIONS

1. The provisions of this receipt shall inure to the benefit of and be binding upon the consignor, the consignee and all carriers handling this shipment and shall apply to any reconsignment, or return thereof.

2. In consideration of the rate charged for carrying said property, which is dependent upon the value thereof and is based upon an agreed valuation of not exceeding fifty dollars for any shipment of 100 pounds or less and not exceeding fifty cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared at the time of shipment, the shipper agrees that the company shall not be liable in any event for more than fifty dollars for any shipment of 100 pounds or less, or for more than fifty cents per pound, actual weight, for any shipment weighing more than 100 pounds, unless a greater value is stated herein. Unless a greater value is declared and stated herein the shipper agrees that the value of the shipment is as last above set out and that the liability of the company shall in no event exceed such value.

3. Unless caused by its own negligence or that of its agents, the company shall not be liable for—

- Difference in weight or quantity caused by shrinkage, leakage, or evaporation.
- The death, injury, or escape of live freight.
- Loss of money, bullion, bonds, coupons, jewelry, precious stones, valuable papers, or other matter of extraordinary value, unless such articles are enumerated in the receipt.

4. Unless caused in whole or in part by its own negligence or that of its agents, the company shall not be liable for loss, damage or delay caused by—

- The act or default of the shipper or owner.
- The nature of the property, or defect or inherent vice therein.
- Improper or insufficient packing, securing, or addressing.
- The Act of God, public enemies, authority of law, quarantine, riots, strikes, perils of navigation, the hazards or dangers incident to a state of war, or occurrence in customs warehouse.
- The examination by, or partial delivery to the consignee of C. O. D. shipments.
- Delivery under instructions of consignor or consignee at stations where there is no agent of the company after such shipments have been left at such stations.

5. Packages containing fragile articles or articles consisting wholly or in part of glass must be so marked and be packed so as to insure safe transportation by express with ordinary care.

6. When consigned to a place at which the express company has no office, shipments must be marked with the name of the express station at which delivery will be accepted or be marked with forwarding directions if to go beyond the express company's line by a carrier other than an express company. If not so marked shipments will be refused.

7. As conditions precedent to recovery claims must be made in writing to the originating or delivering carrier within nine months after delivery of the property or, in case of failure to make delivery, then within nine months and fifteen days after date of shipment; and suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof.

8. If any C. O. D. is not paid within thirty days after notice of non-delivery has been mailed to the shipper the company may at its option return the property to the consignor.

9. Free delivery will not be made at points where the company maintains no delivery service; at points where delivery service is maintained free delivery will not be made at addresses beyond the established and published delivery limits.

Special Additional Provisions as to Shipments Forwarded by Vessel from the United States to Places in Foreign Countries.

10. If the destination specified in this receipt is in a foreign country, the property covered hereby shall, as to transit over ocean routes and by their foreign connections to such destination, be subject to all the terms and conditions of the receipts or bills of lading of ocean carriers as accepted by the company for the shipment, and of foreign carriers participating in the transportation, and as to such transit is accepted for transportation and delivery subject to the acts, ladings, laws, regulations, and customs of overseas and foreign carriers, customs, and governments, their employees and agents.

11. The company shall not be liable for any loss, damage, or delay to said shipments over ocean routes and their foreign connections, the destination of which is in a foreign country, occurring outside the boundaries of the United States, which may be occasioned by any such acts, ladings, laws, regulations, or customs. Claims for loss, damage or delay must be made in writing to the carrier at the port of export or to the carrier issuing this receipt within nine months after delivery of the property at said port or in case of failure to make such delivery then within nine months and fifteen days after date of shipment; and claims so made against said delivering or issuing carrier shall be deemed to have been made against any carrier which may be liable hereunder. Suits shall be instituted only within two years and one day after the date when notice in writing is given by the carrier to the claimant that the carrier has disallowed the claim or any part or parts thereof. Where claims are not so made, and/or suits are not instituted thereon in accordance with the foregoing provisions, the carrier shall not be liable.

12. It is hereby agreed that the property destined to such foreign countries, and assessable with foreign governmental or customs duties, taxes or charges, may be stopped in transit at foreign ports, frontiers or depositories, and there held pending examination, assessments, duties, payments, and such duties and charges, when advanced by the company shall become a lien on the property.

To Destination Office

Consignee

Enter Date Shipped

Street Address or Non-Agency Destination

Receipt Number

Name of Forwarding Office

No. 9916

(1203-D) Crockett, Calif. (M)

Declared Value

Value Charges

Pieces	Article	Description	Weight	Express Charges
1	Remains	Charles H. Camp	5.00	63.24
				Tax
				4.90

Shipper

Class

Paid Beyond

Total

Shipper's Street Address

PREPAID
(Original)

Scale or Rate

Verified by

C. O. D.

C. O. D. Service Charge
Write in YES or NO

(Form 5084-C)

NOTE—The Company will not pay over \$50, in case of loss, or 50 cents per pound, actual weight, for any shipment in excess of 100 pounds, unless a greater value is declared and charges for such greater value paid.

RAILWAY EXPRESS AGENCY

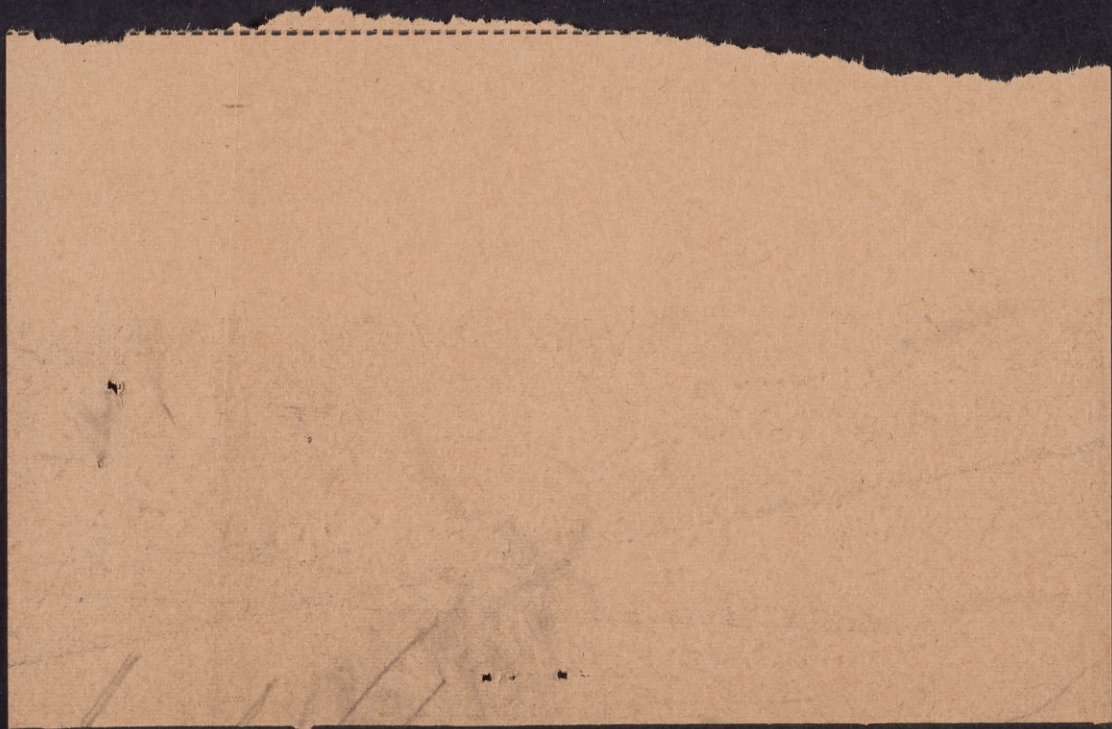
INCORPORATED

Received shipment described hereon, subject to the Classifications and Tariffs in effect on the date hereof, value herein declared by Shipper to be that entered in space hereon reading "Declared Value," which the Company agrees to carry upon the terms and conditions printed hereon, to which the Shipper agrees and as evidence thereof accepts this receipt.

Number Pieces

Hour

For the Company



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of **Charles H. Carroll Jr.**

Deceased

PHONE SONOMA 2686

Jan. 5

194 8

Casket	\$262.00
Removal	1 0.00
Embalming body	25.00
Hearse to Crockett, for shipment to Atlanta, Georgia	25.00
Express fares to Atlanta, Georgia	168.14
	<u>\$490.14</u>

Jan. 5, 1949 I hereby state that the above statement is correct, that said services, and merchandise were ordered by my brother, W.G. Turner, according to my wishes, and that same has been rendered.

Signed. ~~X~~

Widow

Jan. 5, 1949, I hereby state that the above account has been paid in full, by W.G. Turner.

Signed.

By,

Secretary

Iselin

ADIRONDACK
PAPER BOARD CO.
MADE IN U.S.A.

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

January 6, 1949

This is to authorize James Harrison, to make all funeral, and Burial arrangements, for my husband, Robert A. Sevier.

Signed.....*Mrs. R. A. Sevier*.....Wife

1911

1911

John and John
John and John
John and John

John and John

John and John

John and John

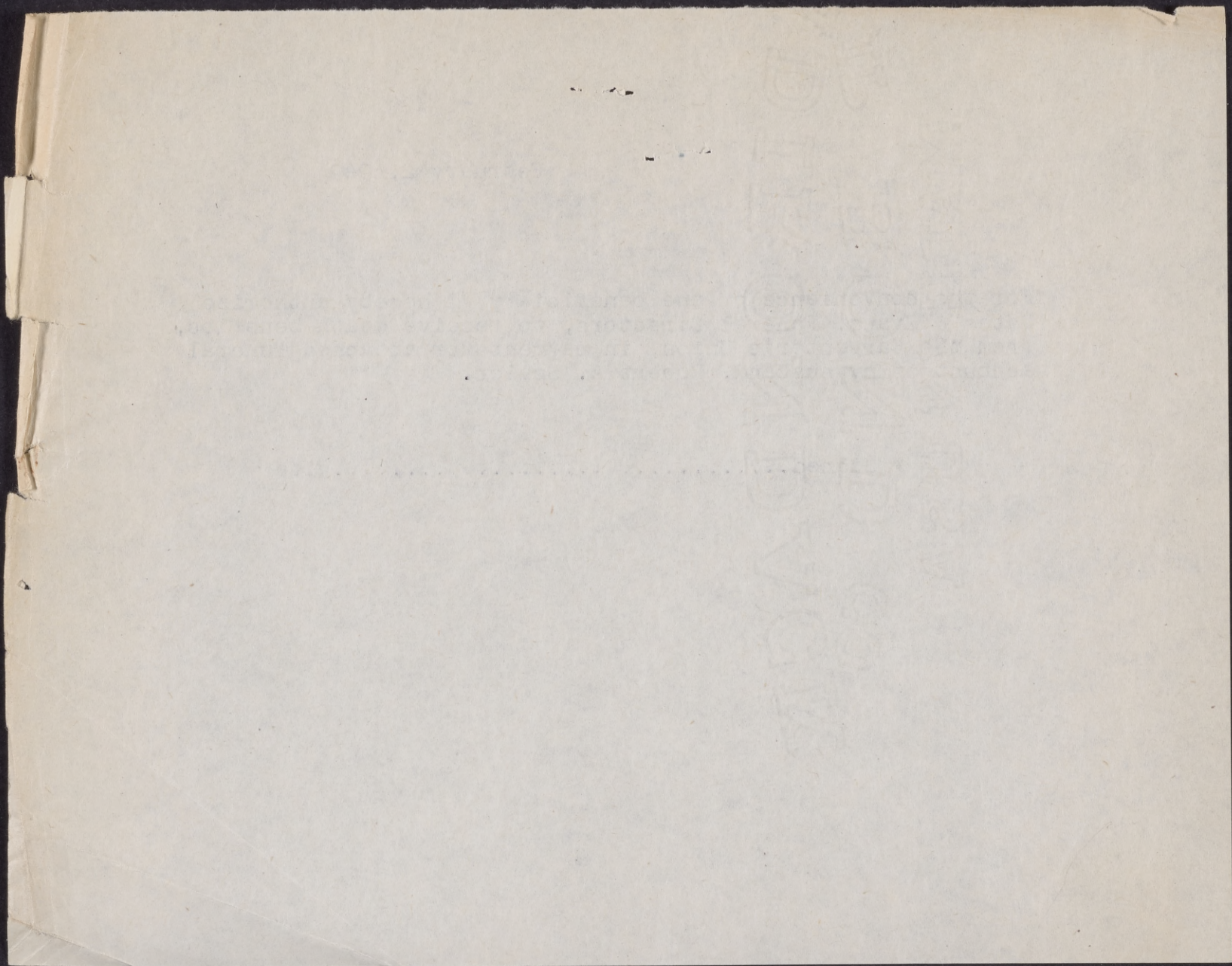
John and John

John and John

February 2, 1949

For the convenience of the beneficiary, I hereby authorize
Bates & Evans, Funeral Directors, to receive death benefits,
from the Carpenter's Union, in payment for attached funeral
account of my husband, Robert A. Sevier.

Signed.....Wife



118/49 statement

LAWRENCE S. MANA

ATTORNEY AT LAW

MANA & MANA

GARFIELD 1-3398
470 COLUMBUS AVENUE
SAN FRANCISCO, CALIF.

18

19

20

21

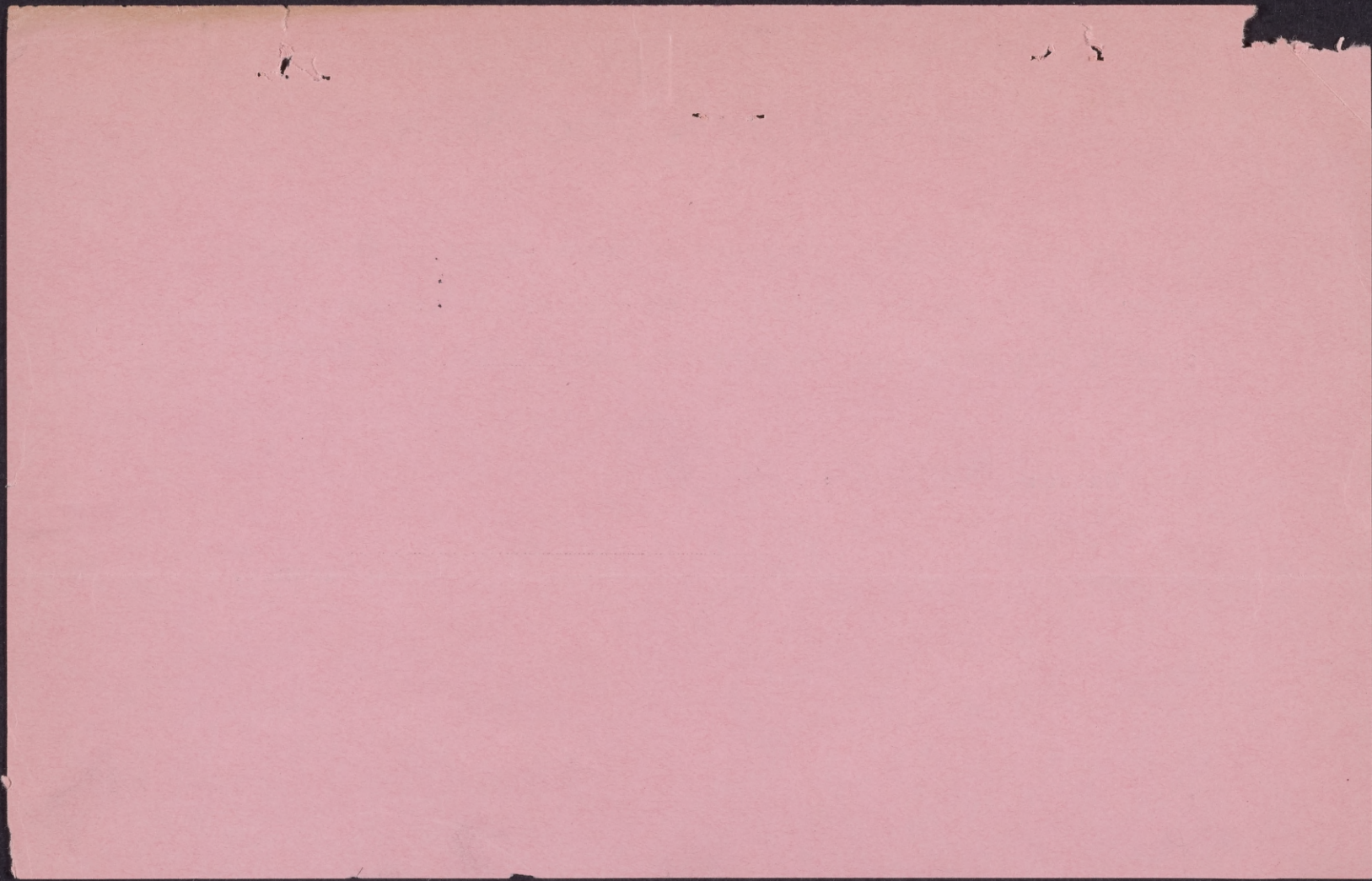
OFFICE OF
SONOMA COUNTY CORONER
SANTA ROSA, CALIF.

It appearing that the cause of death cannot be ascertained
other than by the performance of an autopsy, it is therefore
ordered that an autopsy be performed upon Angela Rose Grosso

Dated: January 11, 1949

Vernon Silvershield

Coroner.



(FUNERAL DIRECTOR'S COPY)

OFFICE OF

SONOMA COUNTY CORONER

SANTA ROSA, CALIF.

The undersigned Physician and Surgeon duly licensed to practice medicine in the State of California, deposes and says:

That he treated Angela Rose GROSSO
for 20 days; that said party died on the 11th
day of January, 1949, the cause of death being un-
known to the undersigned physician and the undersigned physician
hereby requests the Coroner to perform an autopsy upon said
Angela Rose GROSSO deceased, in
order to determine and ascertain the cause of death.

Dated: 1/11/49

R. S. Huntington M.D.

Physician and Surgeon.



AMERICAN GRAVES REGISTRATION DIVISION
SAN FRANCISCO PORT OF EMBARKATION
OAKLAND ARMY BASE

RECEIVING FUNERAL DIRECTOR'S REPORT

TO Bates and Evans 521 Broadway St., Sonoma, California
(Receiving Funeral Director) (Address)

REMAINS OF John V. Giacomelli PVT 39 029 919
(Name) (Rank) (Serial No.)

CONDITION OF CASKET ON ARRIVAL Excellent
(To be filled in by Receiving Funeral Director)

Gl. George D. Wallman Bates & Evans
(Signature of Escort) (Signature of Receiving Funeral Director)

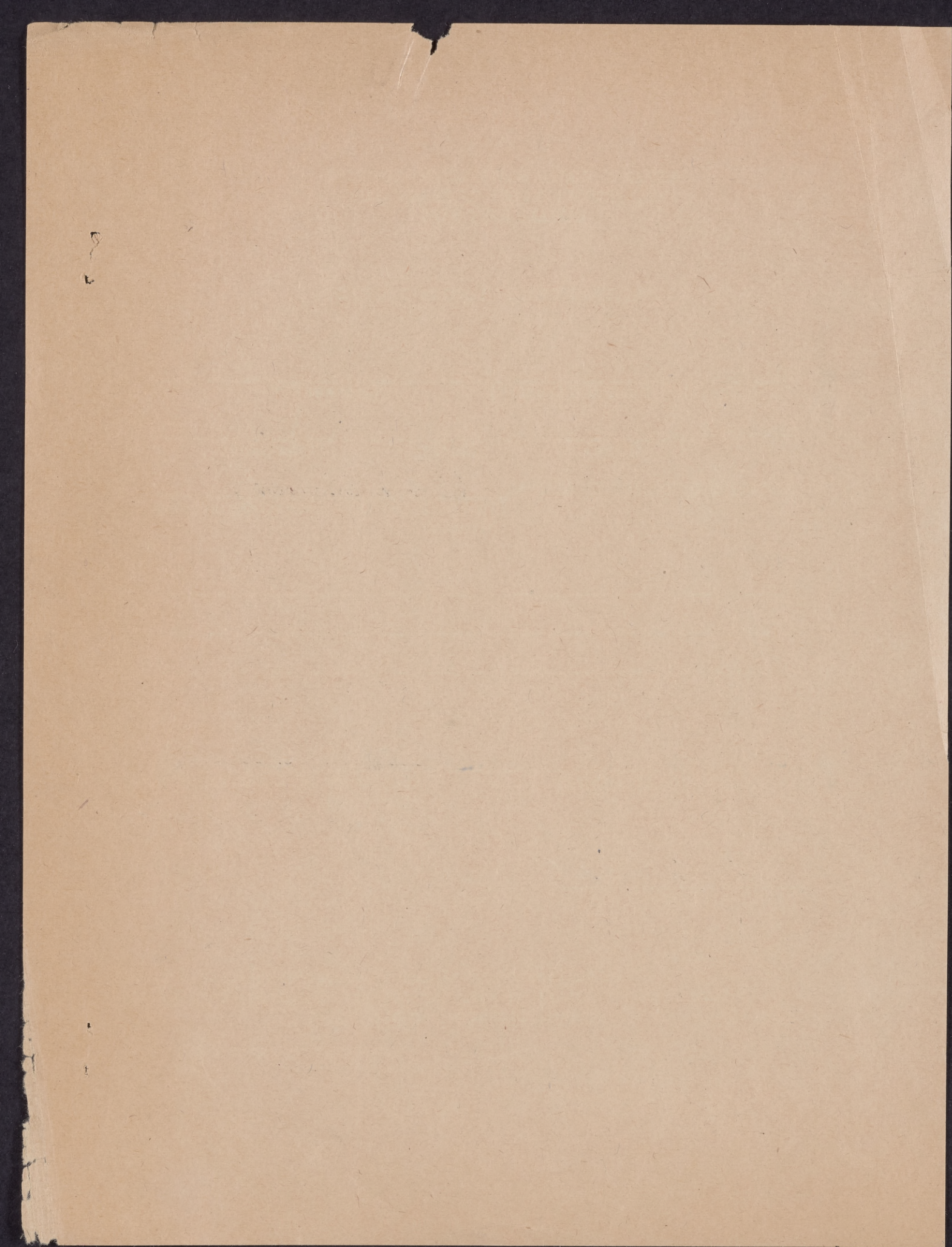
By C. A. Gordon

1-27-49
(Date)

INSTRUCTIONS:

To be prepared in duplicate and placed in escort's envelope. Escort will return signed original to AGRD for filing. Duplicate copy to be left with Receiving Funeral Director for his files.

NY-023-R



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Otto Rehaag

Deceased

PHONE SONOMA 2686

July 28

194 2

Casket & complete funeral service	\$100.00
Mass	15.00
Grave	10.00
Sales tax	1.73
Total	<u>\$126.73</u>

1890

THE
AMERICAN
CANDY
CO.
NEW
YORK

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1-1146-47

2838.

Otto W. Kumer
1016 W. Laurel St.
Compton 3, Calif

Newmark - 5-1583 -

Produce -



UNIFORM AIRBILL—NON-NEGOTIABLE
UNITED AIR LINES AIR FREIGHT

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classifications and tariffs in effect as of the date hereof which are filed in accordance with law. Said classifications and tariffs, copies of which are available for inspection by the parties hereto, are hereby incorporated into and made part of this contract.

AIRBILL NUMBER (INSERTED BY CARRIER)

16 SFO 38818

FROM (CONSIGNOR) <i>Bates and Evans</i>		TO (CONSIGNEE) <i>Campbell Funeral Home</i>	
CONSIGNOR'S STREET ADDRESS <i>521 Broadway</i>		CONSIGNEE'S STREET ADDRESS	
CITY <i>Los Angeles Calif.</i>	ZONE	CITY <i>Olin, Iowa</i>	ZONE STATE
BY <i>X H. A. Gordon</i>	CONSIGNOR'S NO.	DESTINATION AIRPORT CITY <i>OMA</i>	CONSIGNEE'S NO.
DECLARED VALUE \$ <i>Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.</i>		ROUTING <i>UAE-OMA-REA</i> <input type="checkbox"/> SHIPPERS <input checked="" type="checkbox"/> AIRLINE	
RECEIVED BY CARRIER AT (CHECK ONE) <input type="checkbox"/> CONSIGNOR'S DOOR <input type="checkbox"/> CITY TERMINAL <input checked="" type="checkbox"/> AIRPORT TERMINAL		CHARGES (CHECK ONE) <input type="checkbox"/> COLLECT <input checked="" type="checkbox"/> PREPAID	
		DELIVERY Will be made to the Consignee at points where delivery service is available unless otherwise specified below. <input type="checkbox"/> CITY TERMINAL <input checked="" type="checkbox"/> AIRPORT TERMINAL	

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	RATE		CHARGES	
1	Remains of Betty Mae van Sprecken	357	1465	52	29	
INSTRUCTIONS TO CARRIER		<div>DATE MAR 11 1949 UNITED AIR LINES, INC.</div>				

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C. O. D. Weights are subject to correction.

DIMENSIONS	DIMENSIONAL WEIGHT
<u> </u> X <u> </u> X <u> </u> = <u> </u> CU. IN.=	

\$ RECEIVED TO APPLY IN PRE-PAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

BY	AGENT
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>
<i>/</i>	<i>/</i>

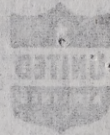
RECEIVED BY	
AGENT <i>UAE</i>	(Name of Air Carrier)
AT <i>Wm. C. Witten</i>	(Signature of Agent)
DATE <i>3/7/49</i>	19 <i>3:30</i> P. M.

SUMMARY OF CHARGES	PREPAID CHARGES	COLLECT CHARGES
WEIGHT - RATE CHARGES	52 29	
PICK UP CHARGES		
DELIVERY CHARGES		
EXCESS VALUE TRANSPORTATION CHARGE		
SUB-TOTAL	52 29	
TRANSPORTATION TAX	167	
CHARGES ADVANCED <i>REA</i>	20 91	
→ CONSIGNOR'S C.O.D.	XX X	
C. O. D. FEE		
TOTAL CHARGES	74 87	

CONSIGNOR'S RECEIPT

☐ CASH ☐ CHARGE

UNIFORM AIRBILL—NON-NEGOTIABLE UNITED AIR LINES/AIR FREIGHT



It is mutually agreed that the goods herein described are accepted as a transportable cargo under the terms of the contract of carriage and that the carrier is not responsible for any loss or damage to the goods in transit.

FROM (CONSIGNEE) TO (CARRIER)

CONSIGNEE'S STREET ADDRESS

CITY, STATE, ZIP CODE

BY AIR

DECLARED VALUE

RECEIVED BY CARRIER AT (CHECK ONE) BY AIR OR BY SEA

CONSIGNEE'S TERMINAL

CHARGES

DESCRIPTION OF GOODS AND CONTENTS

WEIGHT

UNITED AIR LINES, INC.

MAR 11 1949

INSTRUCTIONS TO CARRIER

IMPORTANT: Write and clearly state all instructions below.

EXCESS VALUE

EXCESS VALUE

EXCESS VALUE

EXCESS VALUE

EXCESS VALUE

EXCESS VALUE

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EXCESS VALUE

EXCESS VALUE

EXCESS VALUE

EXCESS VALUE



UNIFORM AIRBILL—NON-NEGOTIABLE
UNITED AIR LINES AIR FREIGHT

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classifications and tariffs in effect as of the date hereof which are filed in accordance with law. Said classifications and tariffs, copies of which are available for inspection by the parties hereto, are hereby incorporated into and made part of this contract.

AIRBILL NUMBER (INSERTED BY CARRIER)

16SFO 39879

FROM (CONSIGNOR)

CONSIGNOR'S STREET ADDRESS

CITY

ZONE

STATE

BY

X

CONSIGNOR'S NO.

TO (CONSIGNEE)

CONSIGNEE'S STREET ADDRESS

CITY

ZONE

STATE

DESTINATION AIRPORT CITY

CONSIGNEE'S NO.

DECLARED VALUE

Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.

ROUTING

X SHIPPERS

AIRLINE

RECEIVED BY CARRIER AT (CHECK ONE)

☐ CONSIGNOR'S DOOR

☐ CITY TERMINAL

☒ AIRPORT TERMINAL

CHARGES (CHECK ONE)

☐ COLLECT

☒ PREPAID

DELIVERY Will be made to the Consignee at points where delivery service is available unless otherwise specified below.

☐ CITY TERMINAL

☒ AIRPORT TERMINAL

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	RATE	CHARGES
1	Casket and REMAINS OF JAMES McALEER	412	26.00 CWT	107 12
INSTRUCTIONS TO CARRIER				
				PREPAID

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C. O. D. Weights are subject to correction.

DIMENSIONS

DIMENSIONAL WEIGHT

_____ x _____ x _____ = _____ CU. IN. =

RECEIVED TO APPLY IN PRE-PAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

BY _____ AGENT

RECEIVED BY

AGENT (Name of Air Carrier)

AT (Signature of Agent)

DATE 3-21-49 TIME 220

A. M.
P. M.

SUMMARY OF CHARGES

PREPAID CHARGES

COLLECT CHARGES

WEIGHT - RATE CHARGES

PICK UP CHARGES

DELIVERY CHARGES

EXCESS VALUE TRANSPORTATION CHARGE

SUB-TOTAL

TRANSPORTATION TAX

CHARGES ADVANCED

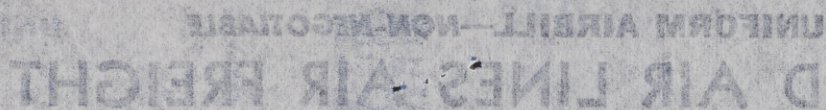
CONSIGNOR'S C.O.D.

C. O. D. FEE

TOTAL CHARGES

☐ CASH

CHARGE ☒



ORIGINAL NUMBER REQUESTED BY CARRIER

YVES L. LAFONT



UNITED AIR LINES

UTS-1231-10-48—Printed in U. S. A.

AIR FREIGHT

The attached air freight charges are payable on or before 3-30-49

Air Bill No.

3/21 16-SFO-39879 \$110.33

Bates Evans Funeral Home

521 Broadway

Sonoma, California

REMIT TO:
UNITED AIR LINES, INC.
P. O. BOX 5530
CHICAGO 80, ILLINOIS

IMPORTANT—PLEASE RETURN THIS NOTICE WITH YOUR REMITTANCE

7

1951

1951

1951

1951

1951

1951

1951

1951

1951



UNIFORM AIRBILL UNITED AIR LINE

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classifications and tariffs in effect as of the date hereof which are filed in accordance with law. Said classifications and tariffs, copies of which are available for inspection by the parties hereto, are hereby incorporated into and made part of this contract.

(ED BY CARRIER)

FROM (CONSIGNOR)

CONSIGNOR'S STREET ADDRESS

CITY

ZONE

STATE

BY
X

CONSIGNOR'S NO.

TO (CONSIGNEE)

CONSIGNEE'S STREET ADDRESS

CITY

ZONE

STATE

DESTINATION AIRPORT CITY

CONSIGNEE'S NO.

DECLARED VALUE Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed, unless a higher value is declared and applicable charges paid thereon.

ROUTING

☐ SHIPPERS

☐ AIRLINE

RECEIVED BY CARRIER AT (CHECK ONE)

CHARGES (CHECK ONE)

DELIVERY Will be made to the Consignee at points where delivery service is available unless otherwise specified below.

☐ CONSIGNOR'S DOOR

☐ CITY TERMINAL

☒ AIRPORT TERMINAL

☐ COLLECT

☒ PREPAID

☐ CITY TERMINAL

☒ AIRPORT TERMINAL

No. of Pieces	DESCRIPTION OF PIECES AND CONTENTS	WEIGHT	RATE	CHARGES
1	Casket and REMAINS OF JAMES McALEER	412	26.00	107 12
UNITED AIR LINES, INC.				
INSTRUCTIONS TO CARRIER				
CREDIT O.K.				
PREPAID				

IMPORTANT. Write or print clearly. Carrier will complete all items below bold line, EXCEPT CONSIGNOR'S C. O. D. Weights are subject to correction.

DIMENSIONS

DIMENSIONAL WEIGHT

X X = CU. IN.

RECEIVED TO APPLY IN PRE-PAYMENT OF THE CHARGES ON THE PROPERTY DESCRIBED HEREON.

BY AGENT

RECEIVED BY

AGENT (Name of Air Carrier)

AT (Signature of Agent)

DATE 3-21-49 TIME 220 A. M. P. M.

SUMMARY OF CHARGES

PREPAID CHARGES

COLLECT CHARGES

WEIGHT - RATE CHARGES

PICK UP CHARGES

DELIVERY CHARGES

EXCESS VALUE TRANSPORTATION CHARGE

SUB-TOTAL

TRANSPORTATION TAX

CHARGES ADVANCED

CONSIGNOR'S C.O.D.

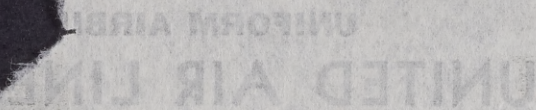
C. O. D. FEE

TOTAL CHARGES

☐ CASH

CHARGE ☒

CONSIGNOR'S RECEIPT



UNIFORM AIRBIL

(98122) 17 FEB 1968

100-443886-100

2024.03.22

AMERICAN GRAVES REGISTRATION DIVISION
SAN FRANCISCO PORT OF EMBARCATION
CHILLAND ARMY BASE

RECEIVING FUNERAL DIRECTOR'S REPORT

TO BATES AND EVANS FUNERAL DIRECTORS BROADWAY, SONOMA, CALIFORNIA
(Receiving Funeral Director) (Address)

REMAINS OF CHARLES J PERKINS S SG 39134499
(Name) (Rank) (Serial No.)

CONDITION OF CASKET ON ARRIVAL Excellent.
(To be filled in by Receiving Funeral Director)

Cpl. George D. Wallman Bates & Evans. Jewell Evans
(Signature of Escort) (Signature of Receiving Funeral Director)

March 24, 1949.
(Date)

INSTRUCTIONS:

To be prepared in duplicate and placed in escort's envelope. Escort will return signed original to AGRD for filing. Duplicate copy to be left with Receiving Funeral Director for his files.

3F-13-R

RECEIVED AT THE
U.S. DEPT. OF JUSTICE
WASHINGTON, D.C.

EXHIBIT 1: 10-10-10

1. (Name of person or organization)
(Address)

2. (City)
(State)
(Zip)

3. (Date)
(Time)
(Location)

4. (Description of event)
(Details)

5. (Signature of person)
(Name)

6. (Date)

7. (Description of event)
(Details)
(Location)

No. _____

April 21 1949

RECEIVED OF

Bates Evans

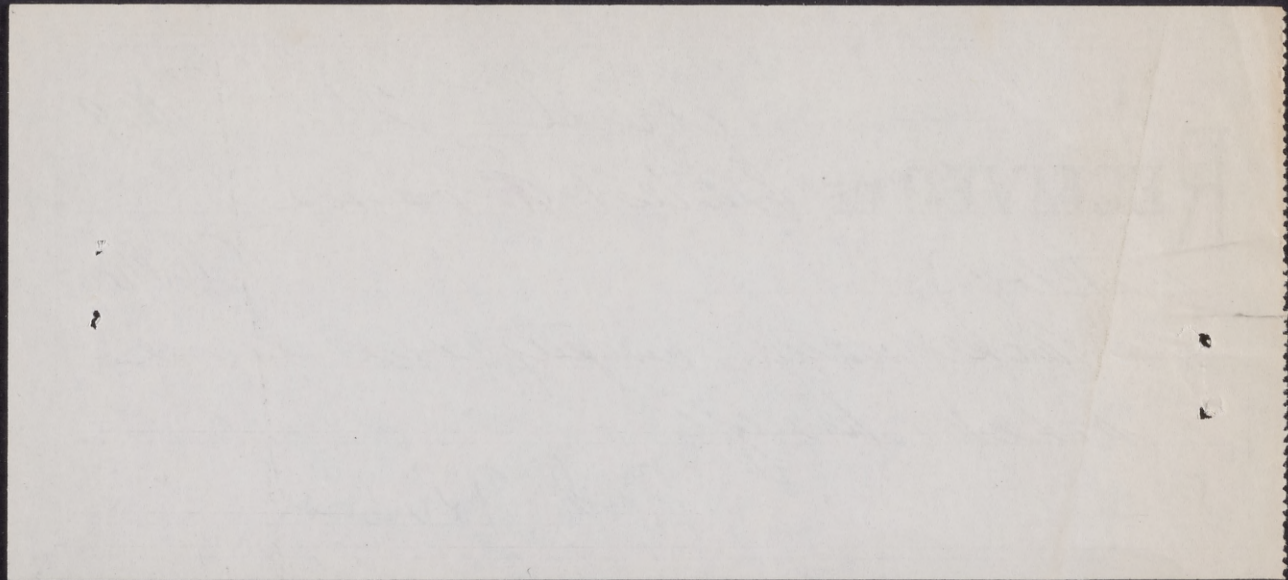
(Westclox)

Dollars

1- Pocket watch, empty coin purse,

Pocket knife -

\$ Fred Norrbon



324-1st East
Sonoma, Calif

May 19, 1949

DeMeo & DeMeo,
Attorneys at Law
301 Exchange Bank Bldg.
Santa Rosa, California

Estate of FRED G. NORRBOM

Dear Sirs:

I enclose herewith claim of BATES & EVANS,
covering funeral expense.

Please acknowledge receipt of the same on
the copy enclosed and present the claim
for approval.

Thanking you, I remain

Respectfully,

ARG/dc
encls.(2)

Received the claim above referred to this
20th day of May, 1949.

Dated:

DeMeo & DeMeo

By Charles De Meo

Nov. 11, 1944

1

Dear Mr. [illegible]
[illegible]
[illegible]
[illegible]

Re: [illegible]

I have [illegible]
[illegible]
[illegible]

Very truly,
[illegible]

Very truly,
[illegible]

Nov. 11, 1944

CC-B-10-10

STATEMENT

SANTA ROSA, CALIF.,

Sept 6

194 9

M Bates & Evans,

--Ciucci--

Sonoma

IN ACCOUNT WITH

NORTH BAY MONUMENT CO.

Phone 693

212 DAVIS STREET

SANTA ROSA, CALIF.

Marble inscription

50.00

SEP 6 1949

PAID

Thank You

NORTH BAY MONUMENT CO.

FLK Jr.

NORTH BAY MONUMENT CO.

NO. 100

1914

TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

April 27, 1949

*Received of the above named firm
Car Keys, belonging to Carl L Smith,
deceased -*

Signed -

Mrs. Lina Stone

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Carl Leroy Smith

Deceased _____

PHONE SONOMA 2686

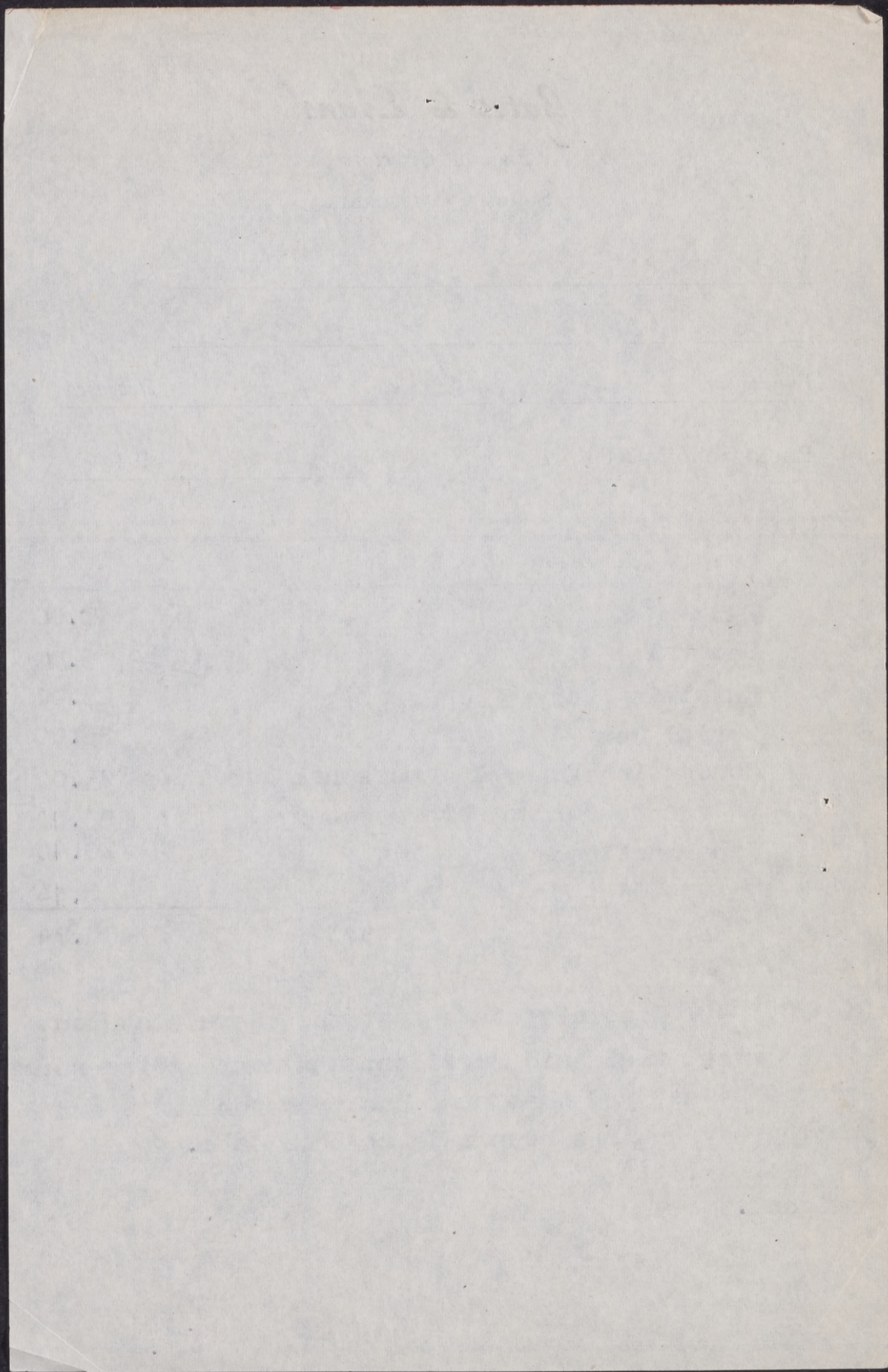
May 7 194 9

Casket	\$547.00
Removal	5.00
Embalming Body	25.00
Burial Box	25.00
Conducting funeral & personal services	25.00
Hearse to Golden Gate Cemetery	25.00
Paper notices	10.40
Sales Tax	8.34
Total	<u>\$670.74</u>

May 7, 1949, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.

Father.



TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

May 6. 1949

*Received of the above named firm
\$42 ⁵⁵/₋ nail clipper, Indentification Band, Wrist Watch,
Cig. lighter, ring. Wallet and papers.*

Edwin J. Smith

THE UNIVERSITY OF

BOOK

Gifts and Loans

March 1900

SONOMA COUNTY

MADE IN U.S.A.



DISTRICT OFFICE
VETERANS ADMINISTRATION
180 New Montgomery Street
San Francisco 5, California

May 23, 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO ~~SF~~8BA
XC 9 769 885
SMITH, Carl L.

Bates & Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to **your concern**.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
100 New Montgomery Street
San Francisco 3, California



MAY 27 1942

TO : SAC, NEW YORK
FROM : SAC, SAN FRANCISCO
SUBJECT: [Illegible]

James J. [Illegible]
[Illegible]
[Illegible]

Dear Sir:

Reference is made to your letter of May 22, 1942, regarding the above subject.

[Several paragraphs of illegible text follow, likely detailing the investigation and findings.]

Very truly yours,
[Illegible Signature]
Special Agent in Charge

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1-1146-47

L.C.C.

Right Total

\$ 435.13

8.90

THE JOURNAL OF THE

AMERICAN MEDICAL ASSOCIATION

PUBLISHED WEEKLY

CHICAGO, ILL., U.S.A.

Vol. 10

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Josephine H. Baker

Deceased

PHONE SONOMA 2686

May 24

194 9

Casket	\$ 80 00
Removal	5 00
Embalming Body	25 00
Outside burial box	15 00
Conducting Funeral & Personal Services	25 00
Rev. Father Roberts	5 00
Single Grave	25 00
Opening Grave	25 00
Casket Spray	5 00
California Sales Tax	2 19
	<hr/>
	\$222 19

May 24, 1949 I hereby state that the above statement is correct and that said services and merchandise were ordered by me, and same has been rendered.

100-100000

100-100000

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Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of **Josephine H. Baker**

Deceased

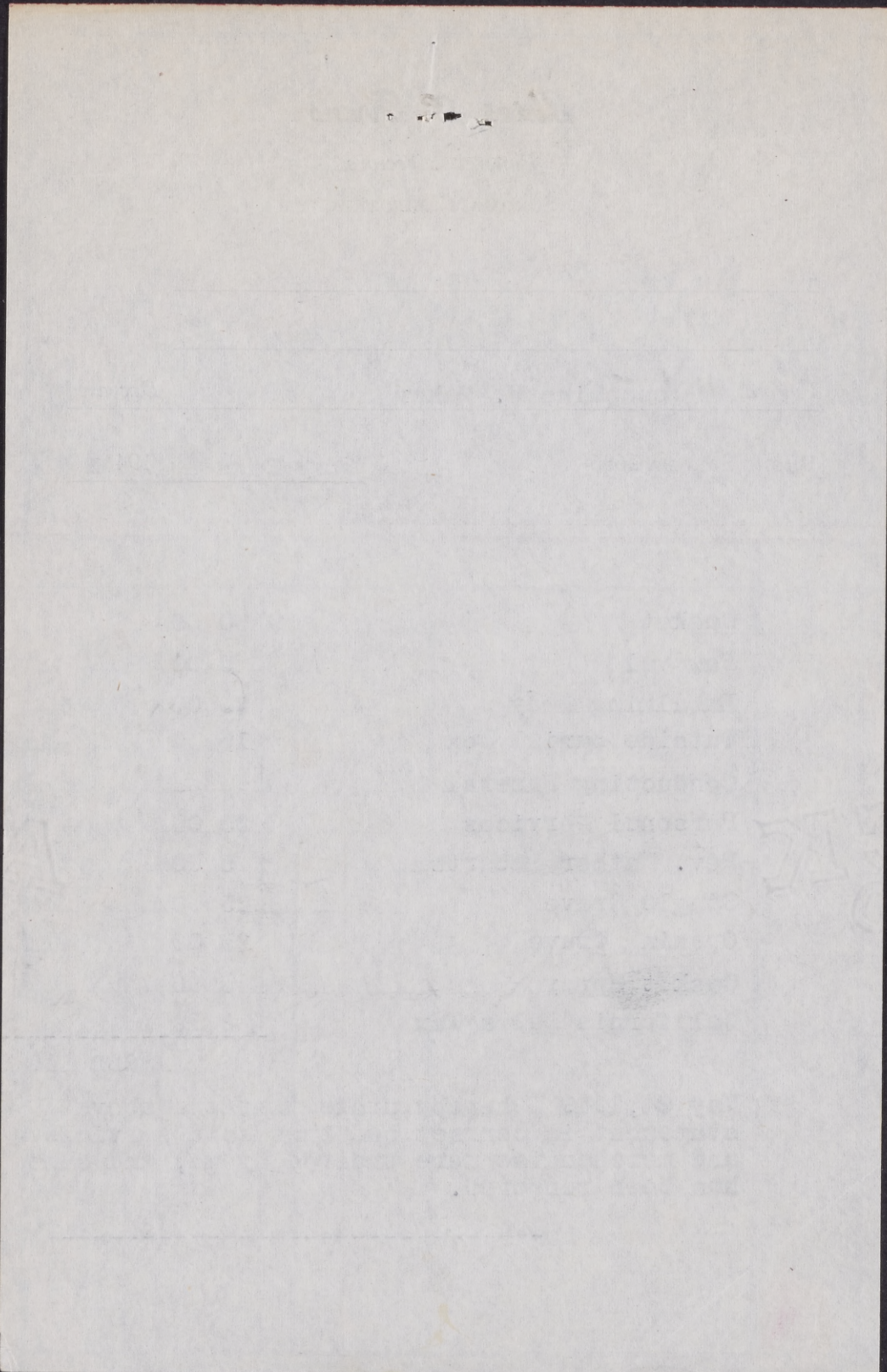
PHONE SONOMA 2686

May 24

194 9

Casket	\$ 80 00
Removal	5 00
Embalming Body	25 00
Outside burial box	15 00
Conducting Funeral & Personal Services	25 00
Rev. Father Roberts	5 00
Single Grave	25 00
Opening Grave	25 00
Casket Spray	5 00
California Sales Tax	2 19
	<hr/>
	\$222 19

May 24, 1949 I hereby state that the above statement is correct and that said services and merchandise were ordered by me, and same has been rendered.



Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of **Josephine H. Baker**

Deceased

PHONE SONOMA 2686

May 24 1949

Complete Funeral
Outside Box

\$ 145 00
15 00

Single Grave

25 00

Opening Grave

25 00

Casket Spray

5 00

Rev. Father Roberts

5 00

California Sales tax

2 19

\$222 19

Cash discount of \$8.00 if paid on or before
June 24, 1949

1

THE
ATLANTA
GA.
1911

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE

11
SONOMA STATE HOME
ELDRIDGE, CALIFORNIA

January 11, 1950

REGISTERED MAIL

Mr. Vernon Silvershield
Coroner and Public Administrator
County of Sonoma
Room 120, Court House
Santa Rosa, Calif.

Dear Sir: Re: Estate of Josephine Baker, Deceased.

As requested in your letter of January 9th, we are enclosing our check for \$94.77, which is the balance of personal funds we were holding for the account of Josephine Baker, deceased. Also, we are enclosing U. S. Savings Bonds, Series E, made out to Josephine Baker, etc., as follows:

<u>Date</u>	<u>Serial Number</u>	<u>Maturity Value</u>
February, 1944	G72 261 394 E	\$100.00
" "	L102 299 498 E	50.00
" "	D9 678 129 E	500.00
April, 1949	R4 048 931 E	200.00
" "	R4 048 932 E	200.00
TOTAL		1050.00

We are giving Mr. Ernest Evans a copy of this letter, so that he may submit the funeral bill to your office.

Very truly yours,

M. E. PORTER, M. D.
Superintendent and Medical Director

By
S. C. Migliavacca
Administrative Secretary

SOM:EM
Encls.

cc: Mr. Ernest Evans
Sonoma, Calif.

STATE OF CALIFORNIA
DEPARTMENT OF MENTAL HYGIENE
SONOMA STATE HOME
ELBRIDGE, CALIFORNIA

COPY

STATE OF CALIFORNIA
DEPARTMENT OF INSTITUTIONS

SONOMA STATE HOME
ELDRIDGE, CALIFORNIA

August 25, 1949

Chief Attorney
Veterans Administration
Regional Office
49 Fourth Street
San Francisco 3, Calif.

Dear Sir:

Your Ref: 43R 200
XC 2 387 231
BAKER, Eaton
BAKER, Josephine (Ward)

Please refer to your inquiry of August 17th regarding the assets in the estate of Josephine Baker, deceased.

We were just about to refer this matter to the Public Administrator of Sonoma County, but shall withhold action as a result of your inquiry. We have in our possession cash amounting to \$94.77, and U. S. Savings Bonds, Series E, having a maturity value of \$1050.00. There is also a funeral bill payable to Bates and Evans, Sonoma, amounting to \$222.19.

Please let us know as soon as possible if we may proceed to turn over the assets to the Public Administrator of Sonoma County for probate.

Very truly yours,

M. E. PORTER, M. D.
Superintendent and Medical Director

By *S. C. Migliavacca*
S. C. Migliavacca
Administrative Secretary

SCM:EM

cc: Bates & Evans ✓
Funeral Directors
Sonoma, Calif.

SONOMA STATE HOME
REDWOOD, CALIFORNIA

DEPARTMENT OF INSTITUTIONS
STATE OF CALIFORNIA

STATE OF CALIFORNIA
DEPARTMENT OF INSTITUTIONS

DEPARTMENT OF INSTITUTIONS
STATE OF CALIFORNIA

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr.

Funeral of **Grant Humbert Edwards**

Deceased

PHONE SONOMA 2686

June 4

194 9

Casket	\$517.00
Removal	19.00
Embalming body	25.00
Burial box	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	25.00
Limousine to cemetery	25.00
Paper notices	2.56
Sales tax	8.34
Total	<u>\$662.90</u>

June 4, 1949, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.

Aunt

of

MILITARY RECORD AND REPORT OF SEPARATION CERTIFICATE OF SERVICE


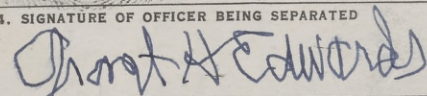
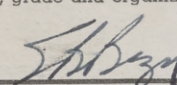
1. LAST NAME - FIRST NAME - MIDDLE INITIAL Edwards Grant H		2. ARMY SERIAL NUMBER 0 290600	3. AUS. GRADE Lt Col	4. ARM OR SERVICE AC	5. COMPONENT AUS
6. ORGANIZATION Hq VI Air Service Area Command		7. DATE OF RELIEF FROM ACTIVE DUTY 4 Feb 1946	8. PLACE OF SEPARATION DeWitt General Hospital Auburn California		
9. PERMANENT ADDRESS FOR MAILING PURPOSES General Delivery Corvallis, Benton Co, Oregon		10. DATE OF BIRTH 21 Aug 1905	11. PLACE OF BIRTH Corvallis Oregon		
12. ADDRESS FROM WHICH EMPLOYMENT WILL BE SOUGHT Same as item nine		13. COLOR EYES Blue	14. COLOR HAIR Brown	15. HEIGHT 5'7"	16. WEIGHT 155 LBS.
18. RACE WHITE <input checked="" type="checkbox"/> NEGRO <input type="checkbox"/> OTHER (specify) <input type="checkbox"/>		19. MARITAL STATUS SINGLE <input type="checkbox"/> MARRIED <input checked="" type="checkbox"/> OTHER (specify) <input type="checkbox"/>		20. U.S. CITIZEN YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. CIVILIAN OCCUPATION AND NO. Personnel Manager 0-39.83					

MILITARY HISTORY

SELECTIVE SERVICE DATA <input checked="" type="checkbox"/>	22. REGISTERED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	23. LOCAL S. S. BOARD NUMBER --	24. COUNTY AND STATE Wahiawa Oahu TH	25. HOME ADDRESS AT TIME OF ENTRY ON ACTIVE DUTY Wahiawa Oahu T H
26. DATE OF ENTRY ON ACTIVE DUTY 19 May 1942		27. MILITARY OCCUPATIONAL SPECIALTY AND NO. Administrative Officer 2120		
28. BATTLES AND CAMPAIGNS Gilbert Island Campaign; Mandated Island Campaign;				
29. DECORATIONS AND CITATIONS Asiatic Pacific Theatre Ribbon W/2 Bronze Stars; Bronze Star Medal;				
30. WOUNDS RECEIVED IN ACTION None				
31. SERVICE SCHOOLS ATTENDED None			32. SERVICE OUTSIDE CONTINENTAL U. S. AND RETURN	
			DATE OF DEPARTURE 12 May 1945	DESTINATION Hawaii U S
			DATE OF ARRIVAL 12 May 1945	
33. REASON AND AUTHORITY FOR SEPARATION Rel'd fr Active Duty (Physical Disability) SO 247 Par 19 dtd 10 October 1945 DWGH				
34. CURRENT TOUR OF ACTIVE DUTY			35. EDUCATION (years)	
CONTINENTAL SERVICE			GRAMMAR SCHOOL	
YEARS	MONTHS	DAYS	HIGH SCHOOL	
0	8	22	4	
FOREIGN SERVICE			COLLEGE	
YEARS	MONTHS	DAYS	5 *	
2	11	24		

INSURANCE NOTICE

IMPORTANT IF PREMIUM IS NOT PAID WHEN DUE OR WITHIN THIRTY-ONE DAYS THEREAFTER, INSURANCE WILL LAPSE. MAKE CHECKS OR MONEY ORDERS PAYABLE TO THE TREASURER OF THE U. S. AND FORWARD TO COLLECTIONS SUBDIVISION, VETERANS ADMINISTRATION, WASHINGTON 25, D. C.					
36. KIND OF INSURANCE		37. HOW PAID		38. Effective Date of Allotment Discontinuance	39. Date of Next Premium Due (one month after 38)
Nat. Serv.	U.S. Govt.	None	Allotment	Direct to V.A.	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
				30 Oct 1945	30 Nov 1945
				\$ 7.90	
				41. INTENTION OF VETERAN	
				Continue	Continue only
				<input type="checkbox"/>	<input type="checkbox"/>

42. 	43. REMARKS (This space for completion of above items or entry of other items specified in W. D. Directives) * 1 Yr Post Grad; Discharge Lapel Button Issued;
44. SIGNATURE OF OFFICER BEING SEPARATED 	45. PERSONNEL OFFICER (Type name, grade and organization - signature) E B BEZY 1st Lt MAC 



Army of the United States

CERTIFICATE OF SERVICE

This is to certify that

GRANT H EDWARDS O 290600 Lt. Colonel

Headquarters VI Air Service Area Command

*honorably served in active Federal Service
in the Army of the United States from*

19 May 1942

to

4 February 1946

Given at DEWITT GENERAL HOSPITAL Auburn California

on the 4th *day of* February 1946

T H Reagan
T H REAGAN
Colonel, Medical Corps

No. _____

RECEIVED

OF

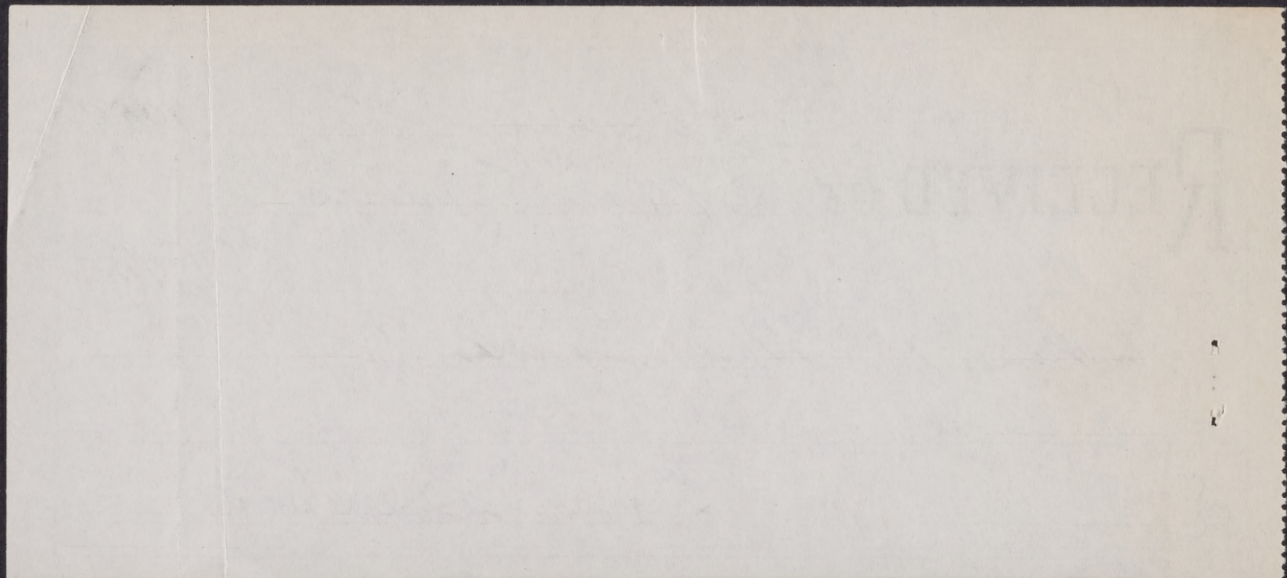
July 7 1949
Bates & Evans

Dollars

Check of Mrs Emily Cole

\$

x Frank Indelicato



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. ^S Vala M. Berry

Rt. 2 Box 54, Sonoma, Calif.

Funeral of

Jack Comer Berry

Deceased

PHONE SONOMA 2686

194

Complete Funeral

\$235.00

Cremation

45.00

Rev. Hamilton

10.00

Casket Spray

15.00

Calif. Sales Tax

2.94

Total

\$307.94

Cash discount of \$16.10 if paid
on or before 1949.

ADDITIONAL
PAGES

Bristane Calif.

June 5 - 1949

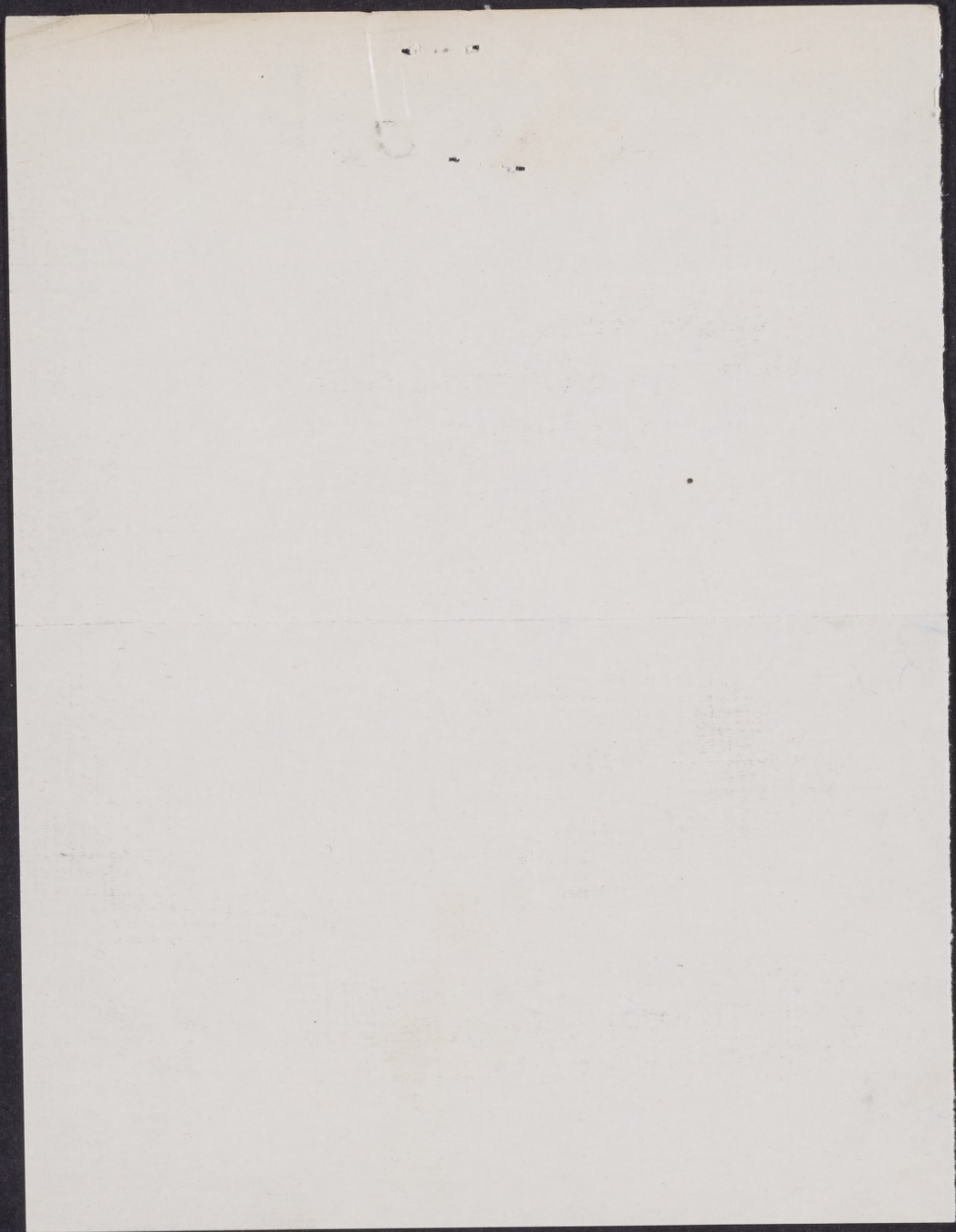
Bates + Evens Funeral Parlor,
Sonoma Calif.

I forgot to leave
my address with you
I have gone down here
to my Mothers for awhile
I am sorry I
forgot that my address
here is

Mrs Vala M. Berry
348 Mendocino St.

Bristane

% Lester Stout Calif.



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. Edward E. Frago

29 Hopkins Ave., San Francisco 14, Calif.

Funeral of Frank Joaquin Frago

Deceased

PHONE SONOMA 2686

June 2

194 9

Complete Funeral	\$ 307.00
Outside Box	15.00
Certified Copy	1.00
Opening Grave	25.00
Mass	15.00
Casket Spray	30.00
Calif. Sales Tax	4.21
Total	397.21

Cash discount of \$16.10 if paid
on or before July 2, 1949

100-1

100-1

100-1

100-1

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100-1

100-1

100-1

ment, Woodlawn Cemetery.

ZIMMERMAN—In El Verano, June 7, 1949, Paul Zimmerman, dearly beloved husband of Louise Zimmerman of El Verano, loving father of Paul Zimmerman of Sacramento, Carl and Fred Zimmerman of San Francisco and Bill Zimmerman of San Rafael, grandfather of John Richard Zimmerman of San Rafael; a native of Germany, aged 63 years.

Friends and acquaintances are respectfully invited to attend the funeral services Friday, June 10, 1949, at 9:15 o'clock a. m., at the Chapel of Bates & Evans, Sonoma, thence to St. Francis Church where a Requiem Mass will be said for the repose of his soul commencing at 9:30 o'clock a. m. Rosary at 9 p. m. Thursday night. Interment, Mountain Cemetery.

Now
Playing

ANDY

Phone HEmlock 1-8411

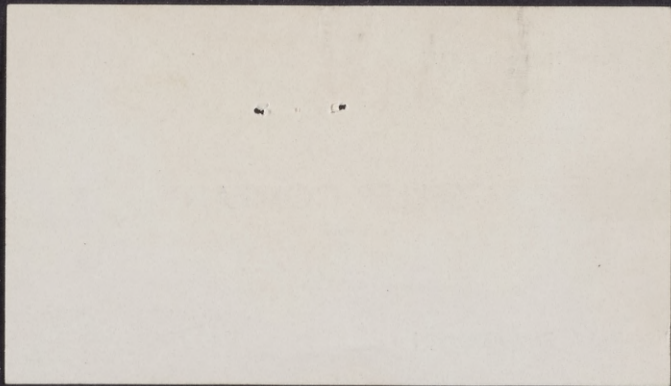
M. SELLER COMPANY

ESTABLISHED 1859

Statement

PAUL ZIMMERMAN

1400 FOLSOM STREET
SAN FRANCISCO 3



No. _____

June 8 1944

RECEIVED

OF

Bates + Evans

Dollars

1 Edgin Watch - Jacket Knife, Glasses

Wallet -

\$ 5 $7\frac{1}{2}$

Paul Zimmerman

Blank page with faint, illegible handwriting and a small red mark in the bottom left corner.

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

June 6-49

Received of Bates & Evans:

<i>1. Check, Elison L. Westrock</i>	<i>629.98</i>
<i>" Mary C. Shields</i>	<i>9.00</i>
<i>Currency</i>	<i>6.00</i>
<i>Silver</i>	<i>2.06</i>
	<hr/> <i>647.04</i>

1. watch - Pocket knife
Steel tape

Angie Poncio

wife

Enter and Cross
Local History
of the County

No. _____

Aug 2

1947

RECEIVED OF

Bates & Evans

Waller _____

7 ⁴²/₁₀₀

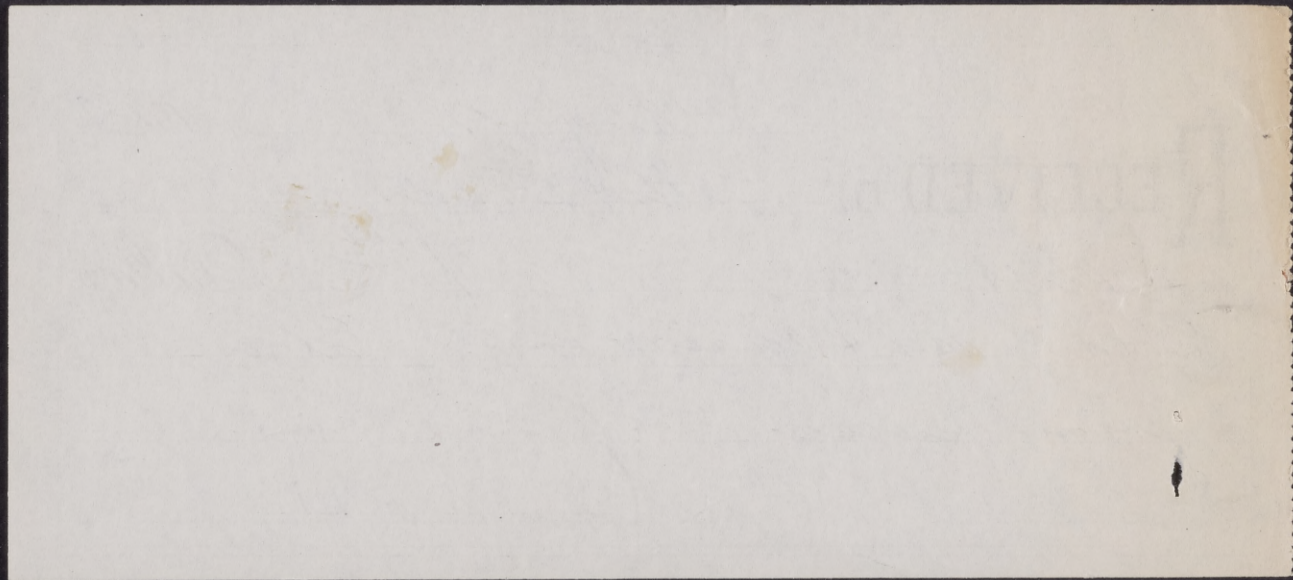
Dollars

Gold watch + chain - for - Elgin

Coon purse - Gold stick Pin.

\$

x Helen Kohler



Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of **Kenneth L. Perry**

Deceased

PHONE SONOMA 2686

August 29,

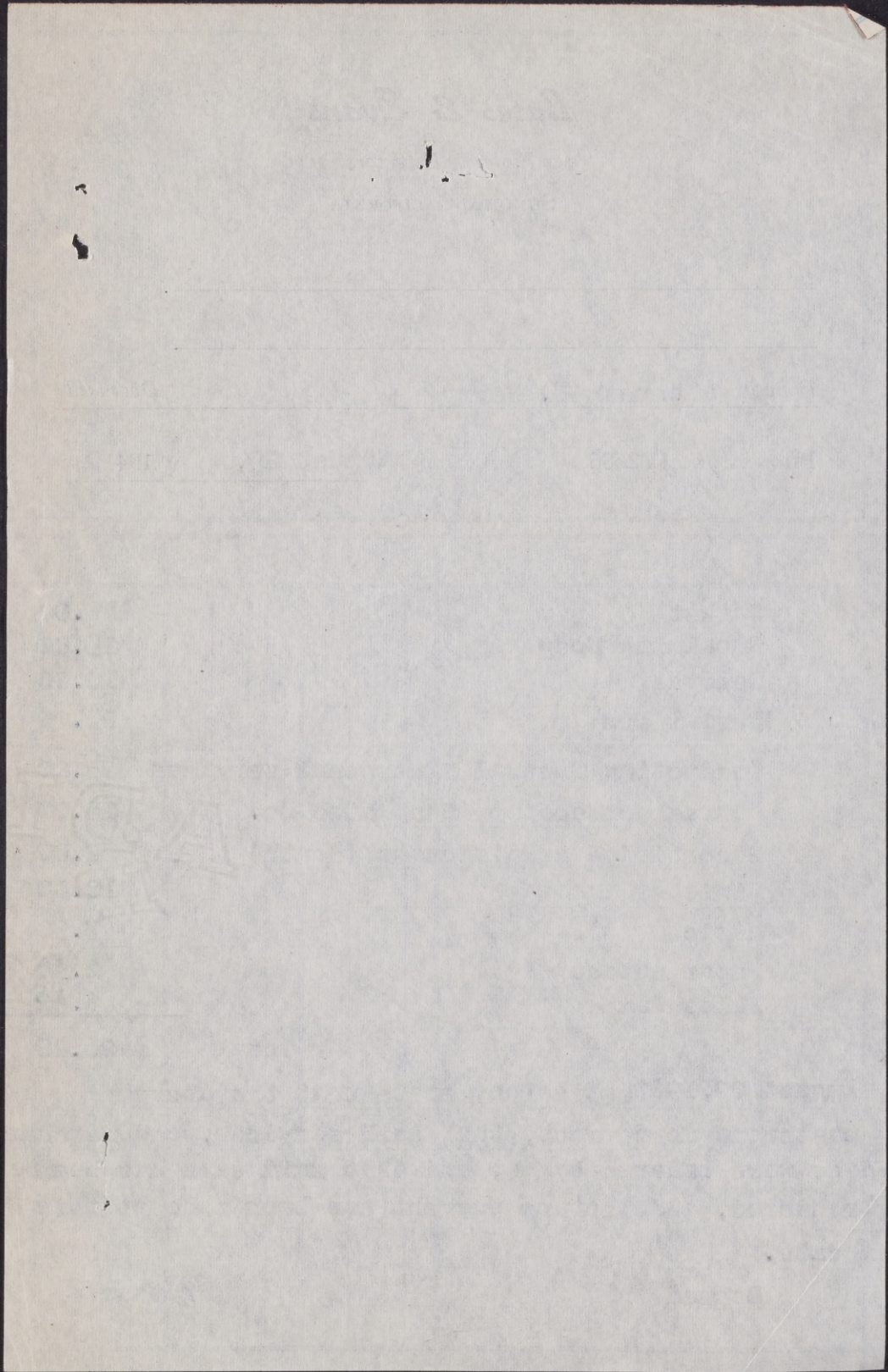
194 9

Casket	\$288.00
Embalming Body	25.00
Removal	10.00
Burial Box	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery San Mateo Co.	25.00
2 certified certificates (death)	2.00
Minister	10.00
Music	7.50
Paper notice	2.56
Sales Tax	6.42
Total	<u>\$426.48</u>

August 29, 1949, I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that ~~said~~ same has been rendered, and that no payment has been made at this date.

Signed

Brother



No. _____

August 29, 1949

194

RECEIVED OF

Bates & Evans

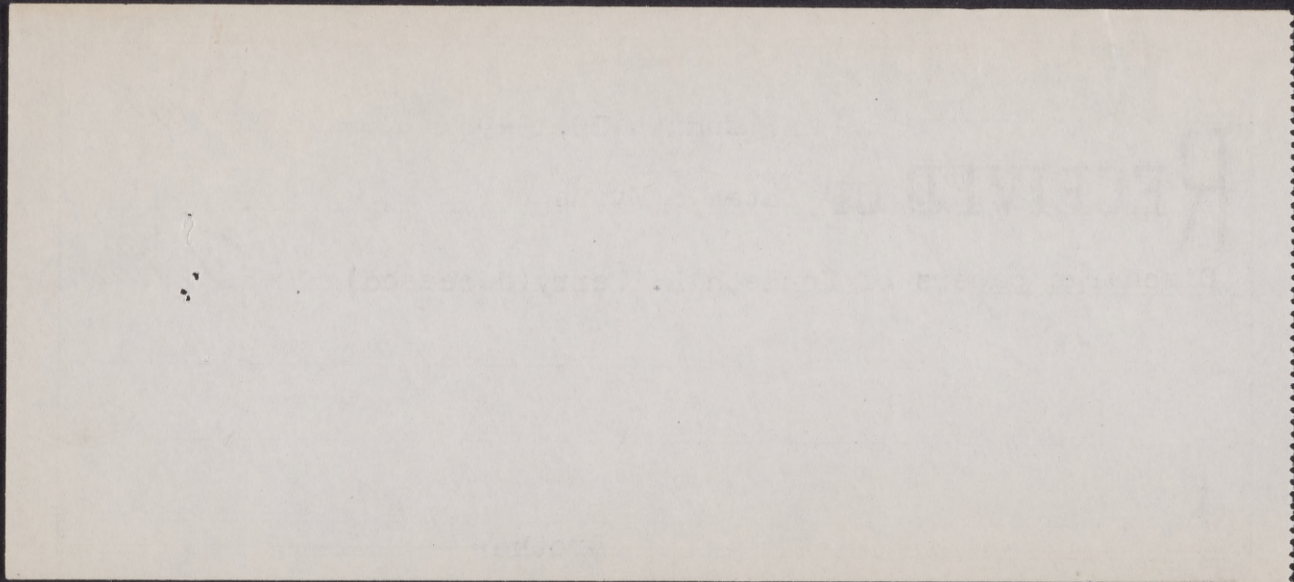
Discharge papers of Kenneth L. Perry (deceased)

Dollars

\$

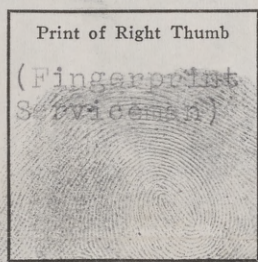
X

Brother



ENLISTED RECORD OF

Perry Kenneth L. 39112264 Private
 (Last Name) (First Name) (Middle Initial) (Army Serial Number) (Grade)
 Born in Ontario, in the State of Dominion of Canada
 Enlisted or Inducted 2 November, 1942, at Petaluma, California
 When enlisted or inducted he was 43-1/18 years of age and by occupation a Mosquito Abateman
 He had Brown eyes, Brown hair, Ruddy complexion,
 and was 5 feet 8 inches in height.
 Completed 0 years, 8 months, 13 days service for longevity pay.
 Prior service: None.
 Noncommissioned officer: Never.
 Military qualifications: Not Qualified.
 Army specialty: None.
 Attendance at None.
 (Name of noncommissioned officers' or special service school)
 Battles, engagements, skirmishes, expeditions: None.
 Decorations, service medals, citations: None.
 Wounds received in service: None.
 Date and result of smallpox vaccination: 17 Nov/42, Vaccinoid
 Date of completion of all typhoid-paratyphoid vaccinations: 6 Dec/42, 1st Series Completed
 Date and result of diphtheria immunity test (Schick): No Record.
 Date of other vaccinations (specify vaccine used): Tetanus Toxoid, 24 Feb/43, 1st Series Completed.
 Physical condition when discharged: Fair. Married or single: Married.
 Honorably discharged by reason of: CDD, Sect II, AR 615-360 & 2nd, Hunter ABAC, Savannah Ga.
 Character: Excellent Periods of active duty: None
 Remarks: No Time Lost Under AW 107. Soldier entitled to travel pay.



Signature of Soldier: Kenneth L. Perry

John T. Linney
 JOHN T. LINNEY
 Major, Air Corps.

Commanding 36th Base Bn & Air Base Sq.

W. D., A. G. O. Form No. 55
 January 22, 1943 - May, 1943.

PRINTED BY A. CARLISLE & CO., S. F. 25618

Finance Officer
 Hunter Field, Savannah, Ga.
 Jul 14, 1943
 Paid in full including
 deposits in cash \$216.28
 C. F. Hoover
 C. F. HOOVER, Lt. Col., FD
 Finance Officer

I hereby certify that this is a true and
 exact copy of the original document.
 Leo. P. Connolly
 Notary Public

Notary Public in and for the County
 of Sonoma, State of California
 My Commission expires 11/6/49

Army of the United States



Honorable Discharge

This is to Certify that

KENNETH L. PERRY

39112264, PRIVATE, 36TH BASE HEADQUARTERS AND AIR BASE SQUADRON
ARMY OF THE UNITED STATES

IS HEREBY HONORABLY DISCHARGED FROM THE MILITARY SERVICE OF
THE UNITED STATES OF AMERICA.

THIS CERTIFICATE IS AWARDED AS A TESTIMONIAL OF HONEST AND
FAITHFUL SERVICE TO HIS COUNTRY.

Given at HUNTER AIR BASE AREA COMMAND
Hunter Field, Savannah, Georgia.

Date July 14, 1943

John S. Candler II

JOHN S. CANDLER, II
Major, Air Corps.
Executive.



DISTRICT OFFICE
VETERANS ADMINISTRATION
1509 Clay Street
Oakland 12, California

October 10, 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO: OA8BA
XC-3 371 936
PERRY, Kenneth Llewellyn

Bates & Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21

Mar. 1946

Replaces Forms 610 and 610a

WFO-8-15-49-6000 01312

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.



VETERANS ADMINISTRATION

1000 21st Street

Washington, D.C. 20460

October 1, 1948

Your attention is directed

to the fact that

NO-1-21 134

1000 21st Street

James A. Davis

211 Broadway

London, Ontario

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$100.00 and payment will soon be made to your company.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the nearest office of the Division of Administration, Treasury Department shown on the envelope in which the check is mailed, together with letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and NO number given above.

Very truly yours,

G. B. Tarkenton

Director, Department of Veterans Affairs
Division of Administration

NO-1-21

1000 21st Street

Washington, D.C. 20460

1000 21st Street

Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of **Mirtie M. Shekell**

Deceased

PHONE SONOMA 2686

August 13 194 9

Complete Funeral	\$ 350.00	
Outside Box	15.00	
Burial Permit	4.00	
Opening of Grave and		
Copeing	100.00	
Index Tribune	2.56	
Dan Ruggles	7.50	
Rev. Terrell	10.00	
Calif. Sales Tax	5.93	
		494.99
		<u>18.25</u>
Less \$18.25 Cash Discount if paid on or before Sept. 13, 1949.		\$ 476.74

ADIRONDACK
PAPER BOARD CO.
MADE IN U.S.A.

\$ 222.06

December 6, 1954

after date, for value received I. promise to pay to the order of

Bates & Evans Funeral Directors, at Sonoma, California,

the sum of Two hundred twenty two and 06/100ths. Dollars,

with interest thereon from date until paid; at the rate of no Int. per cent per annum, principal and interest alike payable in

lawful money of the United States. Interest is payable, the first payment to be made

when money is received from social security, then small payment each month, all to be paid with-in 6 mos., and if said interest is not paid as it becomes due, interest on overdue interest shall thereafter be paid at the same times and rate. And in case said interest, or any part thereof, is not paid within ten days after the same becomes due, the whole of said principal sum shall forthwith become due and payable at the election of the holder of this note, of which election, notice is hereby waived. And in case suit is filed for collection of the same, I, or we promise to pay a reasonable attorney's fee.

This note is secured by a of even date herewith.

Santina Gallo

PAYMENTS MADE ON WITHIN NOTE

[illegible]

No. _____ August 26 1949
RECEIVED OF Bates & Evans

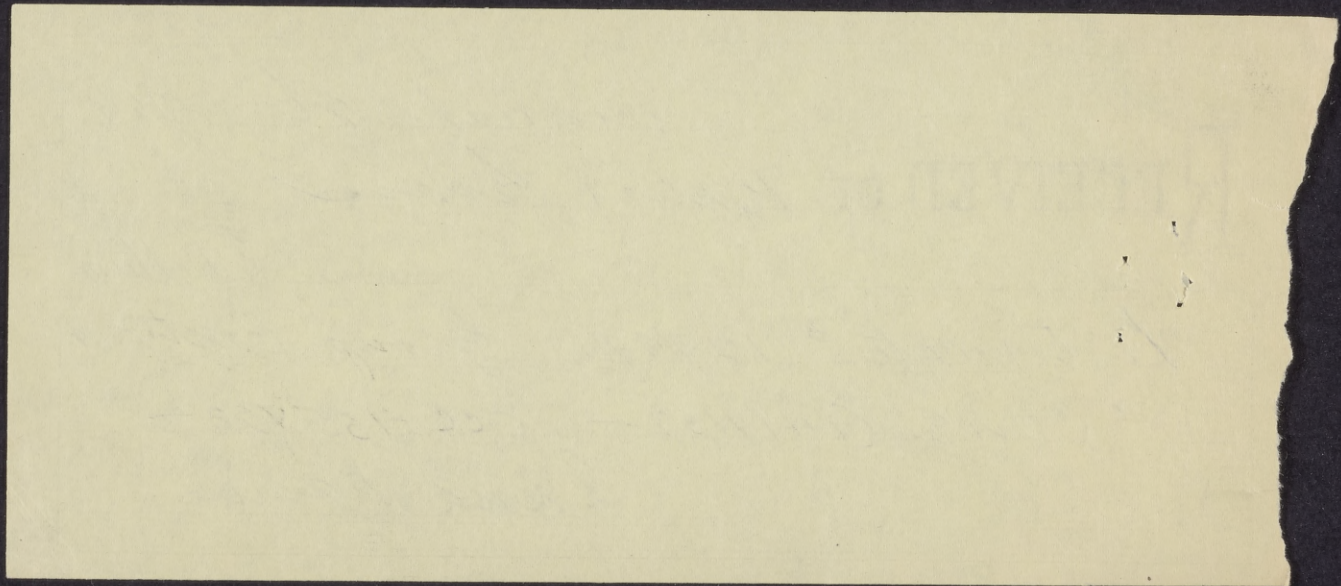
Dollars

Certificate # 12999. Group Contract

C.W.S. 6414152- OCC-755423-

\$

Anna Rambo



Geo W. Rancho
1001 Lafayette
Yorkstown, Pa.

Bill to be Brother
paid by
address above.

H

1911

Jan 11, 1911

1911



CHAPEL OF THE CHIMES

CREMATORIUM - COLUMBARIUM - MAUSOLEUM

REDWOOD HWY. AT HEARN AVE. - SANTA ROSA, CALIF.

TELEPHONE - SANTA ROSA "6R"

Sept. 1, 1949

Bates & Evans,
Sonoma, Calif.

Rambo.
Re: Perry Baldwin, dec.
Record 3642

Memorial Niche, Bible Cloister, East 8, 1 D	\$45.00
Inlaid Bronze Urn, engraved	35.00
State Sales Tax	1.20
	<hr/> \$81.20

Paid in Full

Sept. 8, 1949

Chapel of the Chimes
"Let me with mine eyes see the beautiful
Let me with mine ears hear the harmonious.
Let me in mine allotted days
Do mine allotted tasks
In a beautiful way."

by Everett E. Foster

CHART OF THE CHURCH

OF THE CHURCH OF CHRIST

AND OF THE KINGDOM OF GOD

ON EARTH

1844

1844

1844

1844

NICHE CONTRACT

CHAPEL OF THE CHIMES

SANTA ROSA, CALIFORNIA

PHONE

NAME

DATE

ADDRESS

NICHE CAPACITY LIMITED TO 1 PERSONS.

SECTION

TIER

No.

DEPOSIT IN PERPETUAL CARE FUND

NICHE

URN

DEPOSIT WITH TRUSTEES FOR INSCRIPTION
INURNMENT URNS AT

FLOWERS Yr. @

CREMATORIUM SERVICES

EXTRA ENGRAVING AND REFINISHING

RECORDING AND INURNMENT

STATE SALES TAX

TOTAL

PROMISES AND
REMARKS:

TERMS:

BLOCK

OLD ENGLISH

ROMAN

NO PANEL

PANEL

CROSS SHADED

NICHE SIZE

URNS PLACED

PREVIOUS ACCOUNT

ACCOUNT SHEET

OFFICE INDEX

RECORD

PLAN BOOK

PREVIOUS LOCATION

PROMISES

NOTIFY—MAIL
PHONEFLOWERS
CONTRACT
SPECIAL

BILLED

PAID

BAL.

CHAPEL OF THE CHIMES AGREES THAT THE PURCHASER SHALL HAVE THE EXCLUSIVE RIGHT TO USE THIS NICHE AS A DEPOSITORY FOR THE CREMATED REMAINS OF SAID PURCHASER AND HIS OR HER HEIRS AND FOR NO OTHER PURPOSE.

THE UNDERSIGNED DIRECTS THAT CREMATED REMAINS, WHEN PLACED IN THIS NICHE, SHALL REMAIN IN THE COLUMBARIUM, PERMANENTLY IN TRUST AND CUSTODY OF THE CHAPEL OF THE CHIMES, UNLESS OTHER DISPOSITION IS REQUESTED IN WRITING BY THE PURCHASER.

IT IS AGREED THAT ANY AND ALL INURNMENTS MADE, OR TO BE MADE IN SAID NICHE SHALL BE CONSIDERED AS TEMPORARY ONLY, UNTIL THE PURCHASE PRICE IS FULLY PAID. THAT TIME IS OF THE ESSENCE OF THIS AGREEMENT, AND IN THE EVENT THAT SAID PURCHASER SHALL FAIL TO MAKE ANY PAYMENTS WHEN DUE, THEN SAID CHAPEL OF THE CHIMES MAY, AT ITS OPTION, ELECT TO DO ONE OR MORE OF THE FOLLOWING THINGS, TO-WIT:

(A) CHAPEL OF THE CHIMES MAY REMOVE CREMATED REMAINS FROM URNS AND/OR REMOVE ANY AND ALL REMAINS INURNED IN SAID NICHE, AND INTER OR INURN THEM, AND SAID PURCHASER HEREBY IRREVOCABLY CONSENTS TO SUCH REMOVAL, AND FURTHER, THAT SAID PURCHASER HEREBY APPOINTS SAID CHAPEL OF THE CHIMES AS PURCHASER'S AGENT, AND AUTHORIZES SAID CHAPEL OF THE CHIMES TO OBTAIN ANY PERMITS NECESSARY FOR SAID INTERMENT OR INURNMENT.

(B) SAID CHAPEL OF THE CHIMES MAY TREAT THIS AGREEMENT AS TERMINATED AND SHALL NOT BE REQUIRED TO REPAY TO SAID PURCHASER ANY SUM OR SUMS PAID HEREINUNDER, AND SAID PURCHASER HEREBY AGREES THAT ANY SUM OR SUMS PAID SHALL BELONG TO SAID CHAPEL OF THE CHIMES AS LIQUIDATED DAMAGES AND/OR COMPENSATION FOR THE USE OF SAID NICHE TO THE TIME OF DEFAULT OF SAID PURCHASER, AND CHAPEL OF THE CHIMES RESERVES THE RIGHT, AT ITS OPTION, TO APPLY ALL PAYMENTS MADE ON UNCOMPLETED CONTRACTS AS PAYMENT ON ANY OTHER NICHE.

IT IS HEREBY PROVIDED THAT THE CHAPEL OF THE CHIMES MAY FILE A CLAIM AGAINST THE ESTATE OF SAID DECEASED AND SUCH CLAIM SHALL BE AN ADDITIONAL OR CUMULATIVE REMEDY, THE FILING OF WHICH SHALL NOT RELEASE PURCHASER NOR PREVENT THE TAKING OF ANY LEGAL PROCEDURE NECESSARY TO EFFECT THE COLLECTION OF THIS OBLIGATION.

ALL USE OF NICHE AND COLUMBARIUM IS SUBJECT TO THE RULES AND REGULATIONS OF CHAPEL OF THE CHIMES NOW IN FORCE AND/OR WHICH SHALL BE HEREAFTER ADOPTED.

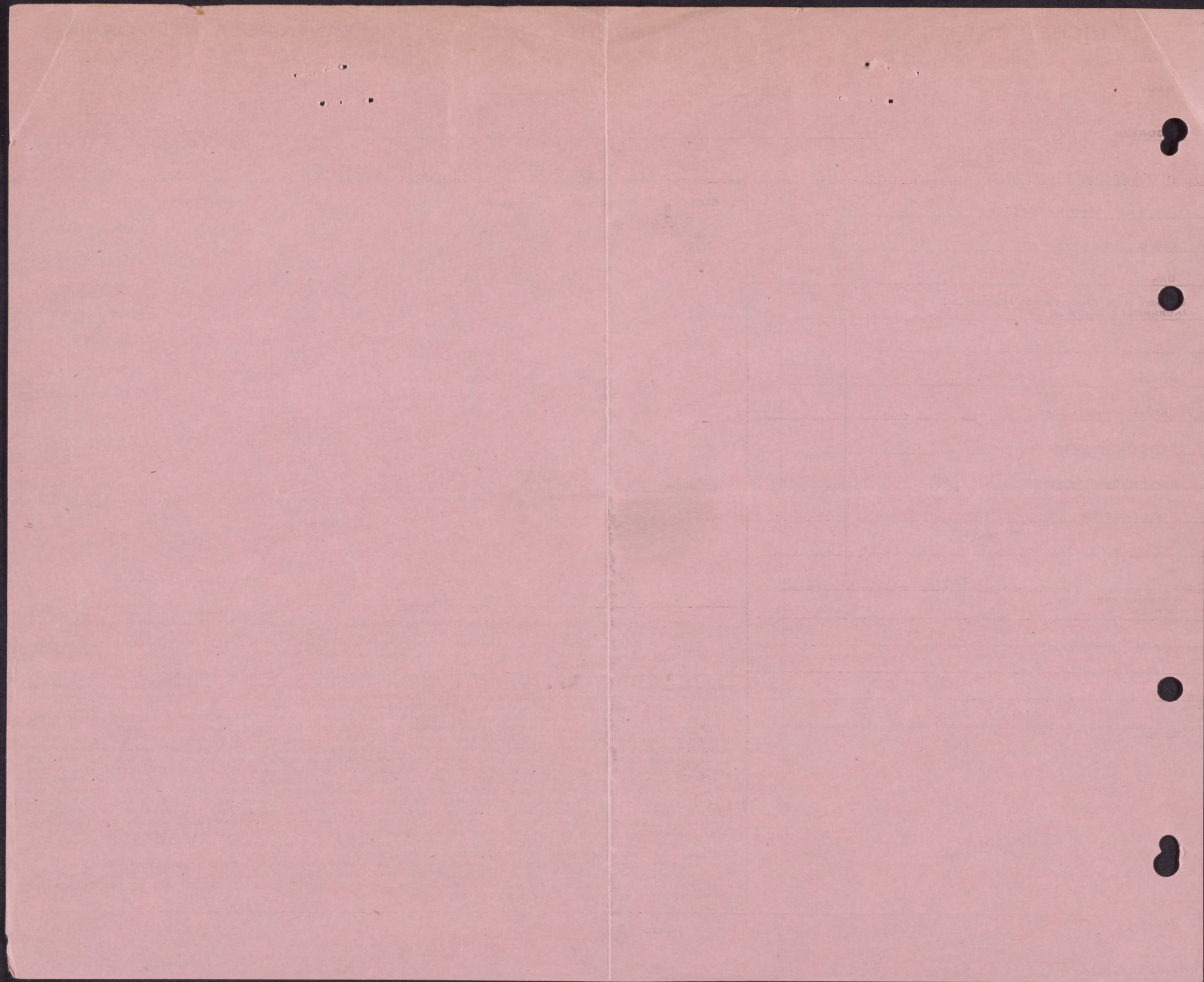
INTEREST AT THE RATE SIX PER CENT PER ANNUM MAY BE CHARGED ON ALL PAYMENTS NOT MADE AS AGREED.

I HEREBY AGREE TO ALL ITEMS IN THIS ORDER AND IN CONSIDERATION OF THE FILLING OF THIS NICHE ORDER CONTRACT BY THE CHAPEL OF THE CHIMES, I HEREBY UNDERTAKE AND AGREE TO PAY TO THE CHAPEL OF THE CHIMES THE TOTAL AMOUNT HEREINABOVE SET FORTH.

RECORD

SIGNED

PURCHASER



Bates and Evans

Funeral Directors
SONOMA, CALIFORNIA

August 14, 1949

California-Western States
Life Insurance Company
Home Office
Sacramento, California

Gentlemen:

Please be advised of the death of Perry B. Rambo
(Perry Baldwin Rambo) tyographical error of name on
policy - one place is stated Perry B. Rombo and the
other Perry B. Rambo - Rambo is correct, Policy
CWS414152 and OCC 755423, California State Employees'
Association.

Mr. Rambo passed away at his home August 13, 1949.

Please forward necessary papers at once to Bates
and Evans in Sonoma.

Sincerely

BATES AND EVANS

By *C. A. Gordon*

679



Sept 30

1949

Bates + Evans

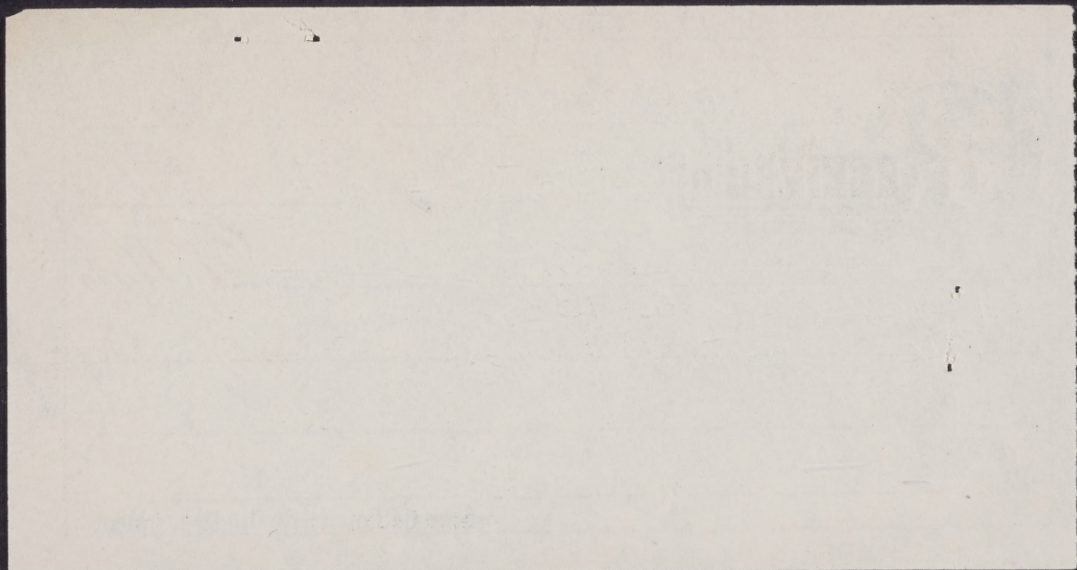
Two Dollars

1 c/c 10. Edna Bompreszi
1 c/c Ernest N. Laxon

\$ 2 00

Crystal M

Sonoma County Health Department



Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Ernesto Neil Dixon also known as Deceased
Ernest N. Dixon

PHONE SONOMA 2686

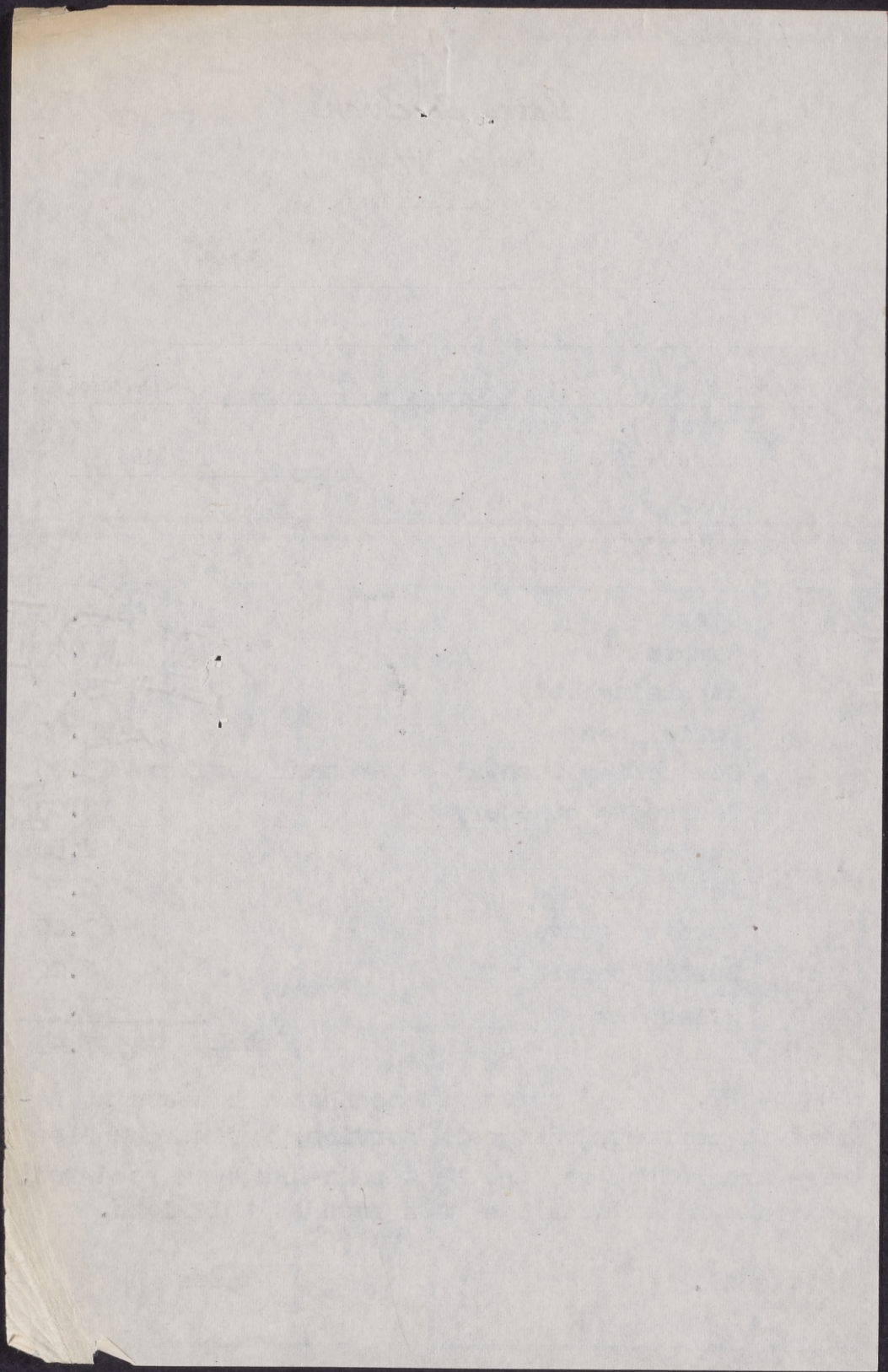
August 29 1949

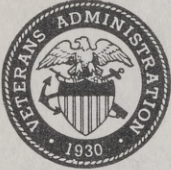
Casket	\$313.00
Removal	10.00
Embalming Body	25.00
Burial box	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	10.00
Music	7.50
Paper notices	6.56
Opening grave	63.00
Burial permit	6.00
Sales Tax	6.35
Total	<u>\$497.41</u>

August 29, 1949, I hereby state that the above statement is correct, that said service, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed.

Widow





DISTRICT OFFICE
VETERANS ADMINISTRATION
1509 Clay Street
Oakland 12, California

September 20, 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO: OA8BA
XC 15 275 388
DIXON, Ernest N.

Bates and Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

DISTRICT OFFICE
1009 Olive Street
Oakland 12, California

September 10, 1962

CASBA

XC 154275 368
DIVISION, Bureau of

Bates and Evans
521 Broadway
Sonoma, California

Dear Sir:

100.00

and your concern.

Chief, Penitentiary and Parole
Division

TELEPHONE 2686

Please sign + return -


Bates and Evans

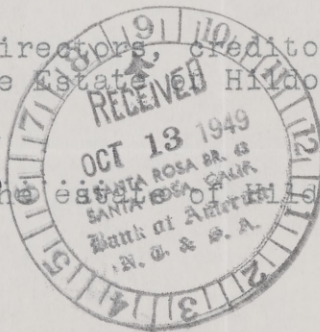
Funeral Directors

SONOMA, CALIFORNIA

Date....October 13, 1949.....49

Received of Bates & Evans, Funeral Directors, creditors claim
in the amount of \$443.04, against the Estate of Hilda Walmsley,
deceased, for Funeral Expenses.

Signed  Executors of the Estate of Hilda Walmsley.



THE
JOURNAL OF
THE
ROYAL ANTHROPOLOGICAL INSTITUTE

Vol. 10, Part 1, 1900

CONTENTS



WOODLAND, CALIF Sept 7, 49

EFFECTIVE OF MRS. HILDORA WALMSLEY TAKEN TO McNARY'S WITH BODY.

PURSE -

CURRENCY 59.00 ✓
SILVER 2.36 ✓
COMPACT
BUS TICKETS
TRAVELER'S CHECKS 200.00 ✓
STAMPS
PAPERS & KEYS
PEN
GLASSES
PEARL NECKLACE ✓
RING-SEVEN STONES
WRIST WATCH 4 STONES
RING- 13 STONES ✓
PERSONAL ITEMS
COAT
2 SUIT CASES

SIGNED

W.C. McNary
CORONER OF YOLO COUNTY

By Ray Harrington, Deputy

WOODLAND CLINIC
HOSPITAL
WOODLAND, CALIFORNIA

A MEDICAL CO-PARTNERSHIP PRACTICING
IN THE

FRED R. FAIRCHILD, M.D., (RETIRED)
JOHN HOMER WOOLSEY, M.D., F.A.C.S.
CHAS. S. ROLLER, M.D., F.A.C.S.
O. C. RAILSBACK, M.D.

EARL H. GRAY, M.D.
AUSTIN M. CLARK, M.D.
ROBERT A. BURNS, M.D.
EMERY LEIVERS, M.D.

1155
WOODLAND
9-7-49

RECEIVED BY MR. HINDON STREET TOWN TO HENRY'S 17th

9.18.32

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1.18.32

MOODY AND CATHOLIC

MOODY AND CATHOLIC

MOODY AND CATHOLIC

MOODY AND CATHOLIC

MOODY AND CATHOLIC

MOODY AND CATHOLIC

MOODY AND CATHOLIC

MOODY AND CATHOLIC

NON-NEGOTIABLE

AIRBILL REQUEST & SHIPPING ORDER

OFFICES LOCATED IN
PRINCIPAL CITIES*The Flying Tiger Line Inc.*

271102

Consignor

BATES & EVANS

Address

521 Broadway St.

City

Sonoma, Calif.

Zone

State

Consignee

Dowdy Funeral Home

Address

Haskell, OKLA.

City

Zone

State

No. Pcs.	DESCRIPTION	WEIGHT	Route
1	Box containing encasement Remains of Alvin Marshall	360	<div>CONSIGNOR'S C. O. D. \$ <input type="checkbox"/></div> <div>PICK-UP REQUESTED <input type="checkbox"/></div> <div>PREPAID (Consignor will pay) <input checked="" type="checkbox"/></div> <div>CHARGES ADVANCED \$</div>
			<div>ALL-RISK INSURANCE REQUESTED <input type="checkbox"/></div> <div>DELIVERY REQUESTED <input type="checkbox"/></div> <div>COLLECT (Consignee will pay) <input type="checkbox"/></div> <div>DECLARED VALUE \$ <i>1000.00</i></div>

REMARKS

TRAIN # 23-3 Lv. OK 10:30 PM
ARR. HASK MUSKOGEE, OKLA. 5:45 AM.
Consignee will collect at Muskogee

Received by THE FLYING TIGER LINE INC.
 Subject to the terms and conditions of the Carrier's
 currently effective tariff on file with the U. S. Civil
 Aeronautics Board as of the date hereof.

Exception:—

AT

SFO

By

PEP

Date

9/20/49

Time

Airbill No.

Form No. 1011 Rev. 4-49 50M ©

X

Consignor's Signature

TRUCKER'S RECEIPT Above described cargo received in good
 order for transportation to airport.

Exception:—

Company

Driver's Signature

#3 - SHIPPER'S COPY

ALBERT E. SMITH & COMPANY

NEW YORK

1

NON-NEGOTIABLE

AIRBILL REQUEST & SHIPPING ORDER

OFFICES LOCATED IN
PRINCIPAL CITIES*The Flying Tiger Line Inc.*

271102

Consignor

BATES & EVANS

Address

521 Broadway St.

City

SONOMA, CALIF.

Zone

State

Consignee

Dowdy Funeral Home

Address

HASKELL, OKLA.

City

Zone

State

No. Pcs.	DESCRIPTION	WEIGHT	Route	
1	Box containing encasement Remains of Alvin Karpis	360	CONSIGNOR'S C. O. D. \$	ALL-RISK INSURANCE REQUESTED <input type="checkbox"/>
			PICK-UP REQUESTED <input type="checkbox"/>	DELIVERY REQUESTED <input type="checkbox"/>
			PREPAID (Consignor will pay) <input checked="" type="checkbox"/>	COLLECT (Consignee will pay) <input type="checkbox"/>
			CHARGES ADVANCED \$	DECLARED VALUE \$ <i>100.00</i>

REMARKS

*Train # 23-3 Lv. OK 10:30 PM
ARR. HASKELL, OKLA 5:45 AM.
Consignee will meet at Muskogee*

Received by THE FLYING TIGER LINE INC.
Subject to the terms and conditions of the Carrier's
currently effective tariff on file with the U. S. Civil
Aeronautics Board as of the date hereof.

Exception:—

AT

SFO

By

J. E. Rutledge

Date

9/24/49

Time

Airbill No.

Form No. 1011 Rev. 4-49 50M ©

X

Consignor's Signature

TRUCKER'S RECEIPT Above described, cargo received in good
order for transportation to airport.

Exception:—

Company

Driver's Signature

#4 - TRUCKER'S COPY



THIS PERMIT MUST ACCOMPANY REMAINS TO DESTINATION

TERRITORY OF HAWAII
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Burial Permit No. 87

BURIAL-TRANSIT PERMIT

Full name of deceased BARBARA JEAN ALLEN
Place of death Honolulu Honolulu T. H.
(City or town) (County) (State)
Date of death Sept. 18, 19 49 Color or Race Caucasian Sex Female
Age 7 yrs. Cause of death Medulloblastoma, cerebellum; Wound, surgical, cerebellum, infect
Manner of disposition removal by U. S. Navy Transport, General Brickenridge to Bates & ed
(Burial, cremation, transportation, etc.) Evans Funeral Home (Cemetery or Crematory)
Sonoma California
(City or town) (County) (State)

A certificate of death having been filed as required by the laws of the Territory of Hawaii, permission is hereby given to

U. S. Army Mortuary

(Funeral Director or person acting as such holding Territorial Embalmer's License No. _____)

Address Honolulu, Oahu, T. H. to dispose of the cremated remains body as above stated.
disinterred remains
Dated at Honolulu, Oahu, T. H. this 20th day of Sept., 19 49
(Registrar's address)

Signature

L. H. King
(Registrar)

NOTE: This permit must be endorsed by the Sexton (or by the Funeral Director where there is no Sexton) and returned within 10 days to the Registrar of the district in which the burial takes place.

READ CAREFULLY

REGISTRAR: This burial-transit permit may be issued only upon receipt of a death certificate properly and completely made out.

FUNERAL DIRECTOR: The burial-transit permit is required for any disposition of a dead body, including interment, storage, cremation and transportation. A permit is required for each stillbirth, before disposal of the body.

When used as a transit permit for transportation by common carrier, this permit must be enclosed in a strong envelope and attached to the shipping case.

No public or private funeral shall be held over the remains of any human body within the Territory of Hawaii later than 24 hours after the death of such dead person unless such dead human body shall have been first embalmed by a regularly and duly licensed embalmer. Special regulations govern in case of communicable disease and the manner of handling all such cases must be cleared with the jurisdictional health officer.

In special emergencies you may telephone the local registrar or registrar general of Vital Statistics, at the expense of the applicant, for instructions.

SEXTON: It is unlawful for any sexton, or other person in charge of a burial place, to permit burial or other disposition of a dead human body before a burial-transit permit is deposited with him.

All permits must be recorded in your sexton's register, and whenever the Department of Health, or its agent, may request, you are required to make a report to the district registrar, showing the disposition made on your premises of each deceased person or remains, upon blanks issued by the Department of Health.

NAVY BILL OF LADING - GOVERNMENT CONVEYANCE ONLY

NAV. S. AND A. FORM 701

MEMORANDUM COPY

NAVY DEPARTMENT
BUREAU OF SUPPLIES AND ACCOUNTS

No. N-GC. **W50-10,462-50**

ISSUING OFFICE

U. S. Naval Supply Center, Pearl Harbor, T. H.

NAME AND TITLE OF ISSUING OFFICER

DATE ISSUED

F. V. HAINES, JR., LT, JR., USN

21 September 1949

RECEIVED FROM (CONSIGNOR)

BY (NAME OF VESSEL, NUMBER OF TRUCKS, ETC.)

Naval Supply Center, Pearl Harbor, T.H.

TO BE FORWARDED FROM (SHIPPING POINT)

TO (DESTINATION)

Pearl Harbor, T. H.

OAKLAND, CALIFORNIA

CONSIGNEE

MARKS	NUMBERS ON PACKAGES	NUMBER AND KIND OF PACKAGES	DESCRIPTION OF ARTICLES	WEIGHT CUBIC	CUBIC WEIGHT
<p>Officer in Charge Freight Transshipment Branch Naval Supply Center Oakland, California</p> <p>NOTIFY: BATES and BYARS FUNERAL HOME SACRAMENTO, CALIFORNIA</p>					
		1 Casket	Remains of HARRARD JAMES ALLEN , Infant dependent of W. E. O'DAY, RM3, USN , 30 567 38.	45'	250'
<p>Auth: Commanding Officer, Headquarters Tripler General Hospital Letter - dated 20 September 1949.</p> <p><i>Rec'd 9/27/49 Young</i></p>					

SHOW ALSO CUBIC MEASUREMENT FOR SHIPMENTS VIA OCEAN CARRIER IN CASES WHERE REQUIRED.

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Paul Claire, AKA Paul C. Loveland Deceased

PHONE SONOMA 2686

Nov. 2

194 9

Casket	\$388.00
Removal	5.00
Embalming	25.00
Conducting funeral & personal services	25.00
Hearse to Santa Rosa	25.00
Limousine to Santa Rosa	20.00
Cremation	45.00
Permit for ashes	.50
Mus ic	7.50
Paper notices	8.83
Sales tax	7.32
Total	<u>\$557.15</u>

Nov. 2, 1949; I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Signed

Widow

Dec. 1, 1949

Dear Sir,

Enclosed is check for the funeral of Paul C. Loveland. We have deducted the discount amount for immediate payment.

We understood the government paid a portion of this; approximately \$150.⁰⁰ It is not itemized on your statement and we would like to know whether they send the check to you or to us.

Thanking you for any information you can give us.

(over)

Sincerely,
Mrs. B. Duto⁴
(Mafine Loveland)
1045 Anderson Way
San Gabriel, Calif.

Where do we send to obtain
a death certificate? And
what would be the fee for
this?



VETERANS ADMINISTRATION

WASHINGTON 25, D. C.

DEC 8 1949

YOUR FILE REFERENCE:

IN REPLY REFER TO: 8BAAD

XC 2 347 207

LOVELAND, Paul C.

Bates and Evans
521 Broadway Street
Sonoma, California

Dear Sir:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to you.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

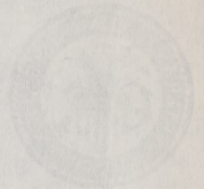
R. J. HINTON,
Director,
Dependents and Beneficiaries
Claims Service.

FL 8-21

Oct 1947

Replaces Forms 610 and 610a

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.



VETERANS ADMINISTRATION

WASHINGTON, D. C.

OFFICE OF THE ASSISTANT SECRETARY

FOR VETERANS BENEFITS

RE: [Name] (SSN: [Number])
[Address]
[City, State, Zip]
[Phone Number]

Dear [Name]:
This letter is to inform you of the results of the review of your application for [Benefit].
[Detailed explanation of the review process and the findings.]
If you have any questions, please contact the [Office Name] at [Phone Number].
Sincerely,
[Signature]
[Title]

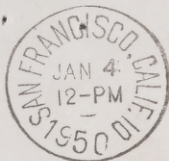
Very truly yours,
[Signature]
[Title]
[Name]
[Address]
[City, State, Zip]

Enclosure
[Name]
[Address]
[City, State, Zip]

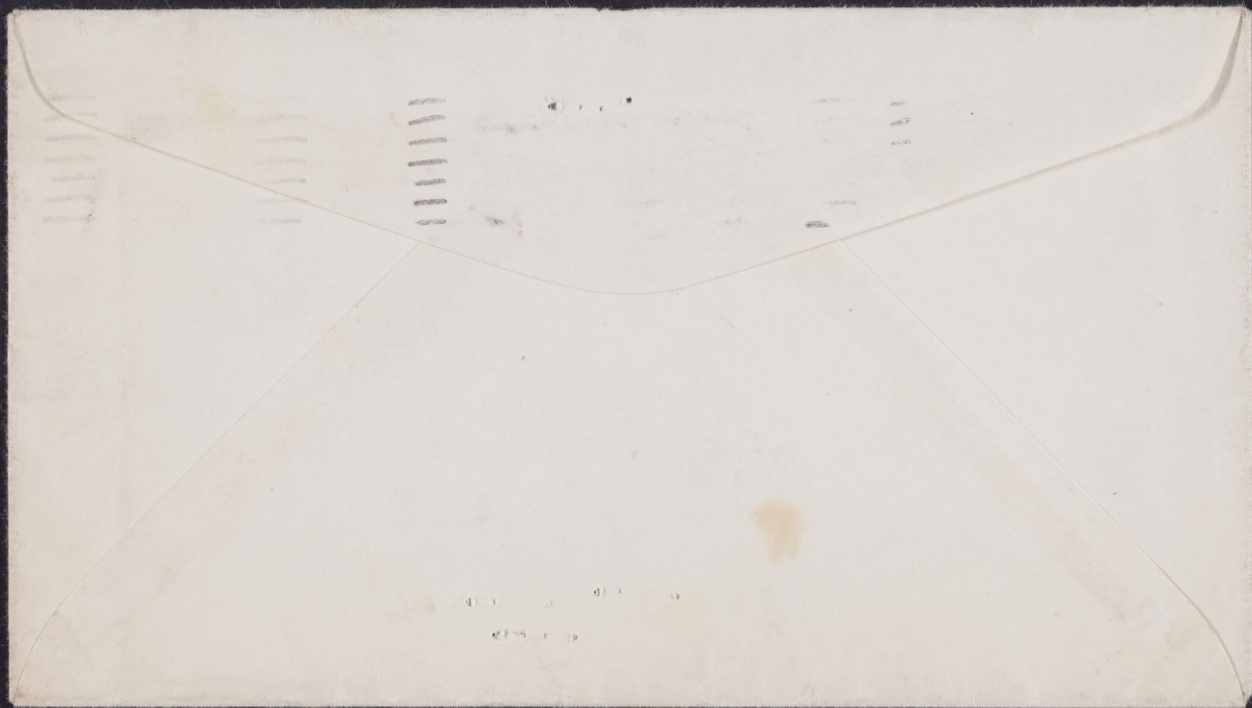
AFTER FIVE DAYS, RETURN TO

Mary A. Sanders
180 Clinton Park

SAN FRANCISCO, CALIFORNIA



Bates and Evans Morticians
Sonoma, California



In Account With

M.....

Date of Sale.....Total Obligation \$.....

[illegible]

ORDER AND TERMS

SONOMA, CALIFORNIA

Feb 12. 49

The undersigned, severally and individually, having authorized BATES AND EVANS, FUNERAL DIRECTORS, to direct the funeral of *Linda Jean Evans* and supply the funeral furnishings, casket and professional services in the sum of \$ *73¹⁰*, do therefore, for value received and services thus rendered, promise to pay to said BATES AND EVANS, FUNERAL DIRECTORS, or their assigns, the sum of \$ *73¹⁰*, as follows: *11-15-49* *11-20-49*
\$ *5* herewith and the sum of \$ *50⁰⁰* each *23¹⁰* hereafter,

until the full sum shall have been paid. Said payments are payable at the _____ Bank but may at the signer's option be paid direct to BATES AND EVANS, FUNERAL DIRECTORS, at their office. I (we) agree that BATES AND EVANS, FUNERAL DIRECTORS, may, if they wish, file a claim for this account in the Probate Court against the estate of the decedent, without in any manner affecting my (our) agreement to pay as herein stated, but any collection made by them shall be credited on the account. It is also hereby agreed that any additional items ordered for this funeral shall be added to and become a part of this agreement.

Signature *Wm R. Evans*

Address *173 New St. S.F.*

Signature *Mary A Sanders*

Address *180 Clinton Park*

Witness *Mr B-220*

Witness _____

December 30, 1949

Bates and Evans Morticians
Sonoma, California

Gentlemen:

In regards to the \$22.00 balance still due you for the burial of Linda Jean Evans on November 12, 1949. That amount is due you from William Robert Evans, her father.

I agreed to pay \$50.00 which I sent you.

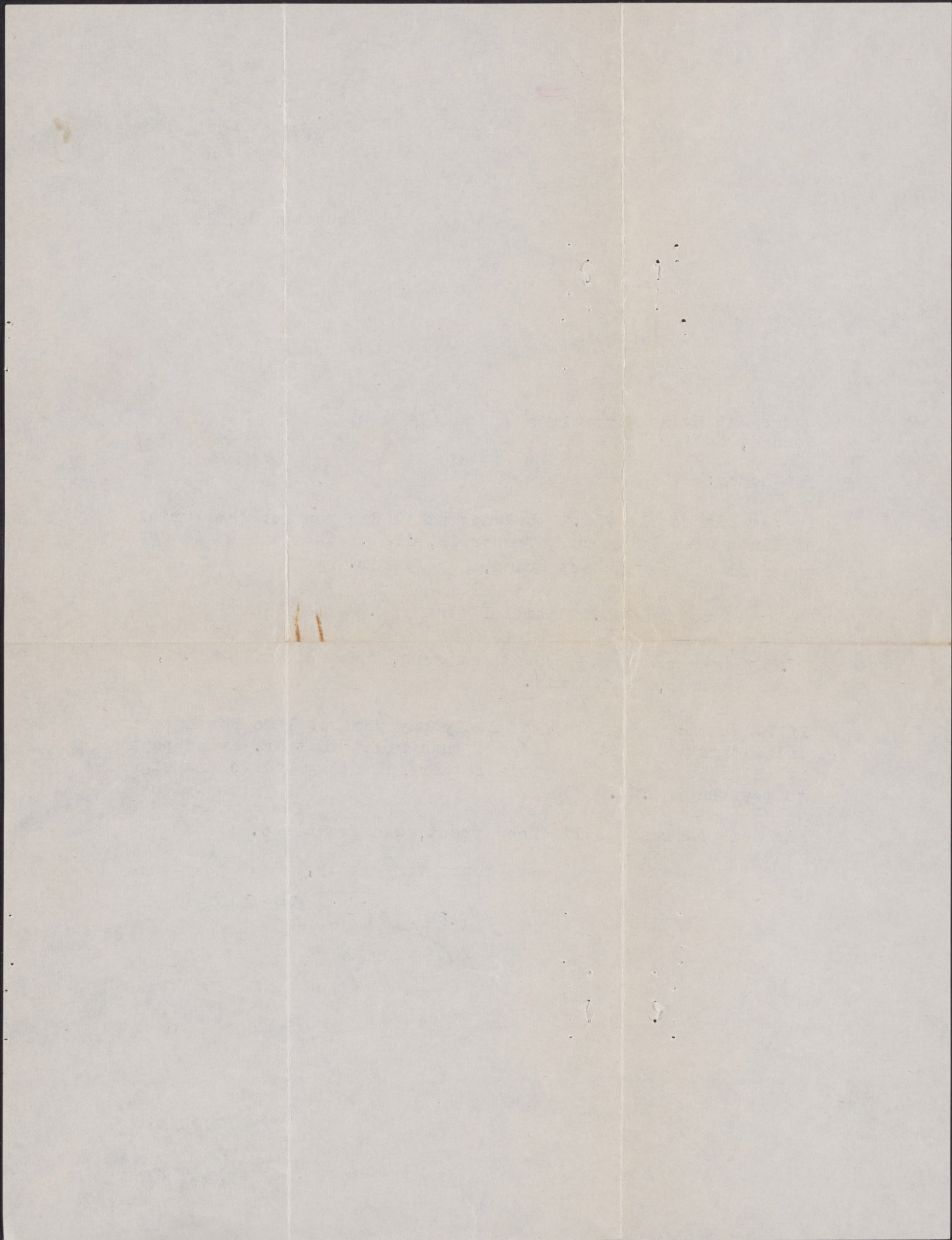
Mr. Evans works for Merchants Express, 550 Townsend Street, San Francisco, California.

If I had the money I would gladly pay you but I do not have it and I think that it is no more than right that Mr. Evans pays it as he is the little girls father and he agreed to and signed to pay the \$22.00.

His home address is 173 Noe Street, San Francisco.

Yours very truly,

Mary A. Sanders



STATEMENT

SANTA ROSA, CALIF., December 1 194 9M Bates & EvansSonoma, California

IN ACCOUNT WITH

NORTH BAY MONUMENT CO.

Phone 693

212 DAVIS STREET

SANTA ROSA, CALIF.

Marble Inscription

277.50

Minna Stuermer

Thank You
PAID

DEC 9 1949

NORTH BAY MONUMENT CO.

LM

NORTH BAY MONUMENT CO.

Corrected statement

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Refund - Dec 9, 1949 6.78 CK#

*1048
1050*

Mr.

Dec 9, 1949

To Mrs Ralph Satter

4160 22nd St
Funeral of Minna Stuermer *87*

Deceased

PHONE SONOMA 2686

Dec. 9

194 9

Casket & complete funeral service	\$483.00
San Francisco permit	1.00
Local permit	1.00
Lettering on stone 21 @ \$1.25	27.50
Rev. Terrell	10.00
Music	7.50
Press Democrat	4.00
Index Tribune paper	1.50
San Francisco News	2.50
Examiner	5.92
Chronicle	5.60
Call Bulletin	5.44
Sales Tax	7.47
Total	\$562.43
Opening grave	55.00
	\$617.43
Less cash discount	24.15
	\$593.28
	600.86
	6.78

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BE acon 4-5921

449 Tenth Street

*acct of
Edwin J Allen*

Richmond, Calif., 4-21 1955

Received of United States Civil Bureau

Ten and 00/100 Dollars \$ 10.00

On Account of Batter & Sons, Monterey

Balance Due \$ 12.86 RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due Per Rate By W. H. H. H.

PAID BY	CASH	CHECK	P. M. O.	DIRECT TO CREDITOR		FORWARDED ACCT.	
TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE		
			1/2	10.00	DUE US	DUE YOU	
					3.00	5.00	
						10.00	

RICHMOND CREDIT RATING BUREAU

RECEIVED

1911

RECEIVED

Handwritten: 10/10/11

Handwritten: 10/10/11

RECEIVED

RECEIVED

Handwritten: 10/10/11

11553

RICHMOND CREDIT RATING BUREAU

RECEIVED

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Richmond, Calif.,

1-2-1954

Received of

Edwin J. Allee

Five & no/100

Dollars \$5.00

On Account of

Bates & Evans Mkt.

Balance Due \$

173.69

RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due

By

Allee

Pro Rate

PAID BY	CASH	CHECK	P. M. D.		DIRECT TO CREDITOR	FORWARDED ACCT.
TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
				5.00		5.00

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Richmond, Calif.,

1-30 1954

Received of

Edwin J. Allee

Five & no/100

Dollars \$

5.00

On Account of

Bates & Evans Mortuary
Sonoma

Balance Due \$

168.69

RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due

By

H. Dale

Pro Rate.

PAID BY	CASH	CHECK	P. M. O.		DIRECT TO CREDITOR	FORWARDED ACCT.
	✓					

TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
				5.00		5.00

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

100-100000-100000

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100-100000-100000

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Rec-3-14-55

Richmond, Calif., 2-1 1955

Received of Edwin J. Allie
Five & no/100 Dollars \$ 5.00

On Account of Bates & Evans Mortgage
 Balance Due \$ 138.69 ~~SONO~~ RICHMOND CREDIT RATING BUREAU
 COLLECTION DEPARTMENT

Next Payment Due _____ By W. Hall

Pro Rate

PAID BY	CASH	CHECK	P. M. O.		DIRECT TO CREDITOR	FORWARDED ACCT.

TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
			<u>Pro Rate</u>	<u>5.00</u>		<u>5.00</u>

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Rec'd 3-1-53

Richmond, Calif.,

19

Received of

Edwin J. Allee

Five & no/100

Dollars \$

On Account of

Bates & Evans Mortuary

Balance Due \$

183.69

RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due

By

Pro Rate

Hale

PAID BY	CASH	CHECK	P. M. O.		DIRECT TO CREDITOR	FORWARDED ACCT.

TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
				<i>5⁰⁰</i>		<i>8⁰⁰</i>

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Richmond, Calif.,

10-30-54

Received of

E. J. Allen
James B. Allen Dollars \$ *5.00*

On Account of

B. J. Allen
Edward

Balance Due \$

143.69

RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due

By

Allegzina

PAID BY	CASH	CHECK	P. M. O.		DIRECT TO CREDITOR	FORWARDED ACCT.

TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
				<i>5.00</i>		<i>5.00</i>

TO: DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

RE: [REDACTED]

DATE: 10/15/64

BY: [REDACTED]

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Richmond, Calif.,

9-10-54 19

Received of

Edwin J. Allen

Dollars \$

500

On Account of

Bates & Evans Mortuary

Balance Due \$

148 69

RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due

By

H. Allen

PAID BY	CASH	CHECK	P. M. O.		DIRECT TO CREDITOR	FORWARDED ACCT.	
	<input checked="" type="checkbox"/>						

TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
				5 ⁰⁰		5 ⁰⁰

00530
00534

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Richmond, Calif.,

19

Received of

Edwin J. Allee

Five & no/100

Dollars \$

5.00

On Account of

Bates & Evans Mortuary

Balance Due \$

153.69

RICHMOND CREDIT RATING BUREAU
COLLECTION DEPARTMENT

Next Payment Due

By

W. Allee

PAID BY	CASH	CHECK	P. M. D.	DIRECT TO CREDITOR	FORWARDED ACCT.
			<input checked="" type="checkbox"/>		

TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE	
					DUE US	DUE YOU
				<i>5.00</i>		<i>5.00</i>

28885

Free to all
Police to own
13.1.9
Three

28885

RICHMOND CREDIT RATING BUREAU

COLLECTION DEPARTMENT

Owned and Operated by Richmond Merchants and Professional Men

Phone: BEacon 4-5921

449 Tenth Street

Richmond, Calif., 3-27 1957

Received of Edwin J. Allee

Five & no/100 Dollars \$ 5.00

On Account of Dates & Evans Mortgage

Balance Due \$ 158.69 for Richmond Credit Rating Bureau
COLLECTION DEPARTMENT

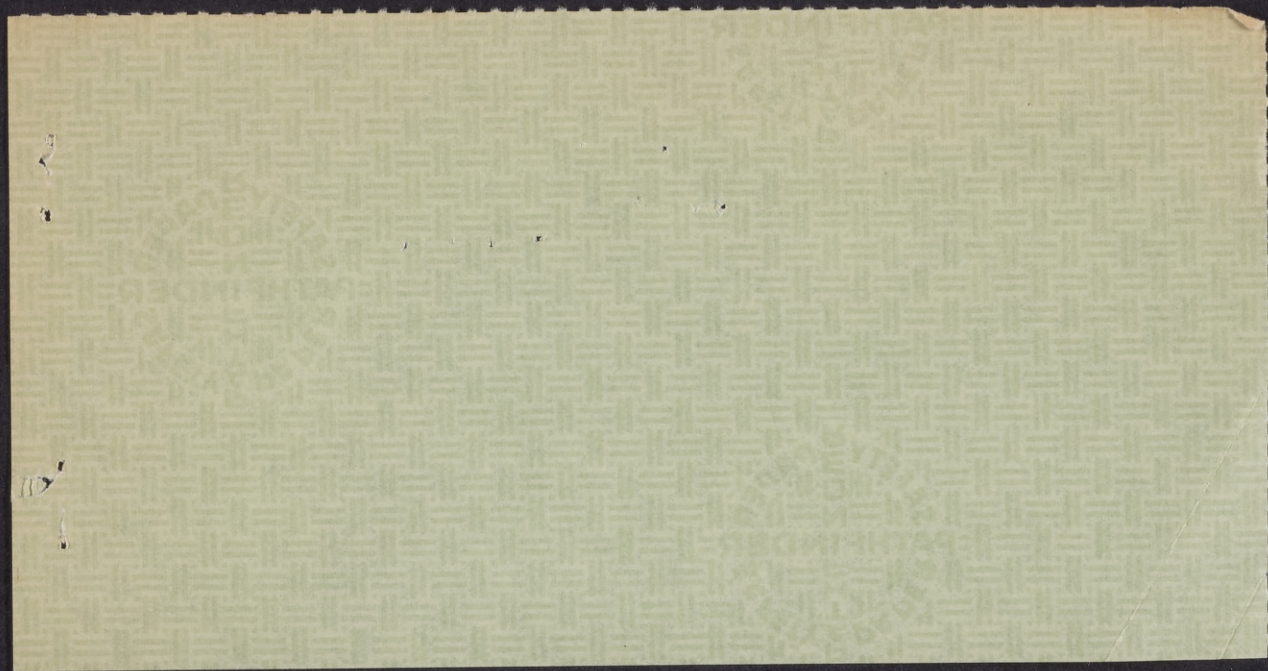
Next Payment Due _____ By Hale

PAID BY	CASH <input checked="" type="checkbox"/>	CHECK	P. M. D.		DIRECT TO CREDITOR	FORWARDED ACCT.																	
<table border="1"> <tr> <th rowspan="2">TABULATION</th> <th rowspan="2">COURT COSTS</th> <th rowspan="2">AMT. PAID TO YOU</th> <th rowspan="2">COMM.</th> <th rowspan="2">AMT. PAID TO US</th> <th colspan="2">BALANCE</th> </tr> <tr> <th>DUE US</th> <th>DUE YOU</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td><u>5.00</u></td> <td></td> <td><u>5.00</u></td> </tr> </table>								TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE		DUE US	DUE YOU					<u>5.00</u>		<u>5.00</u>
TABULATION	COURT COSTS	AMT. PAID TO YOU	COMM.	AMT. PAID TO US	BALANCE																		
					DUE US	DUE YOU																	
				<u>5.00</u>		<u>5.00</u>																	

RICHMOND CREDIT RATING BUREAU 449 TENTH STREET - RICHMOND, CALIFORNIA

$$\begin{array}{r} 283 \overline{) 69} \\ 155- \\ \hline 128.00 \end{array}$$

DATE	CHECK NO.	PAY TO THE ORDER OF	NET CHECK	BAL. DUE
10/1/55	691	Bates & Erans Machinery	5.00	—



Bates and Evans

Funeral Directors
SONOMA, CALIFORNIA

October 8, 1955

Richmond Credit Bureau
449 10th. St.
Richmond, California

Gentlemen:

Re: Mr. Allee

Your check received in the amount of \$5.00, to apply
on the account of Dennis Sherröd, deceased.

We note by your record you say this is payment in full.
The total account was \$283.00, the total amount paid is
\$155.00, leaving a balance of \$128.00.

Since Mr. Allee did agree to pay this account, I see no
reason for him not doing so. Surely \$5.00 a month would
not be difficult for him to send.

Let us hear from you concerning this matter.

Yours Very Truly,
Bates & Evans Funeral Directors

Jewell R. Evans
(Mrs. Ernest G. Evans)

10/11/55 The balance on this account as of 9/10/55 is
\$123.69 according to our records; it is not paid in full.

Richmond Credit Rating Bureau
449 - 10th Street
Richmond, California

50% RECYCLED
MADE IN U.S.A.

Bates and Company
STATIONERY DEPARTMENT
BOSTON, MASSACHUSETTS

CHIEFTAIN BOND

DISTRICT OFFICE
Veterans Administration

1509 Clay St.,

~~Oakland 12, Calif.~~

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

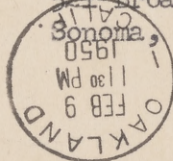
PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

(GPO)

Bates & Evans

521 Broadway

Sonoma, California



Date 2/9/50

Name ROSE, Charles M.

File No. C 6 358 911
(C, XC, K, N, etc.)

This acknowledges receipt of **claims form recently received**
in this office.

This matter will receive all necessary attention and action.

Signed

V. G. Johnson

Title for: Chief, Administrative Div.

FL 3-30

Aug. 1946

Replaces Form 3250 which may be used.

16-50696-1

GPO

rlm

CHARGES AT MT. VIEW CEMETERY
OAKLAND, CALIF. FOR

Charles M. Rose (deceased)

Cremation	50.00
Minister	10.00
Opening grave	17.50
Urn & tax	36.23
Inscription on monument	16.00
Cleaning monument	

~~\$115.00~~

\$144.73

San Francisco Casket Co.

321-335 Valencia Street

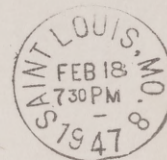
San Francisco, 3

Telephones Market 1-1146-47

WAR DEPARTMENT
THE ADJUTANT GENERAL'S OFFICE
RECORDS ADMINISTRATION CENTER

4300 GOODFELLOW BOULEVARD
ST. LOUIS 20, MISSOURI

OFFICIAL BUSINESS



PENALTY FOR PRIVATE USE TO AVOID

ADDRESS	
PAYMENT OF POSTAGE, \$300	
YOUR MAIL (PMG)	
TO	
STREET AND NUMBER	

Mr. Charles M. Rose
c/o County Service Office, Rm. 216
Court House
Sacramento, California

4 hrs,

4

8:31 - 4am

1-51

Rose

1/5-

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of Charles M. Rose

Deceased

PHONE SONOMA 2686

January 25 194 50

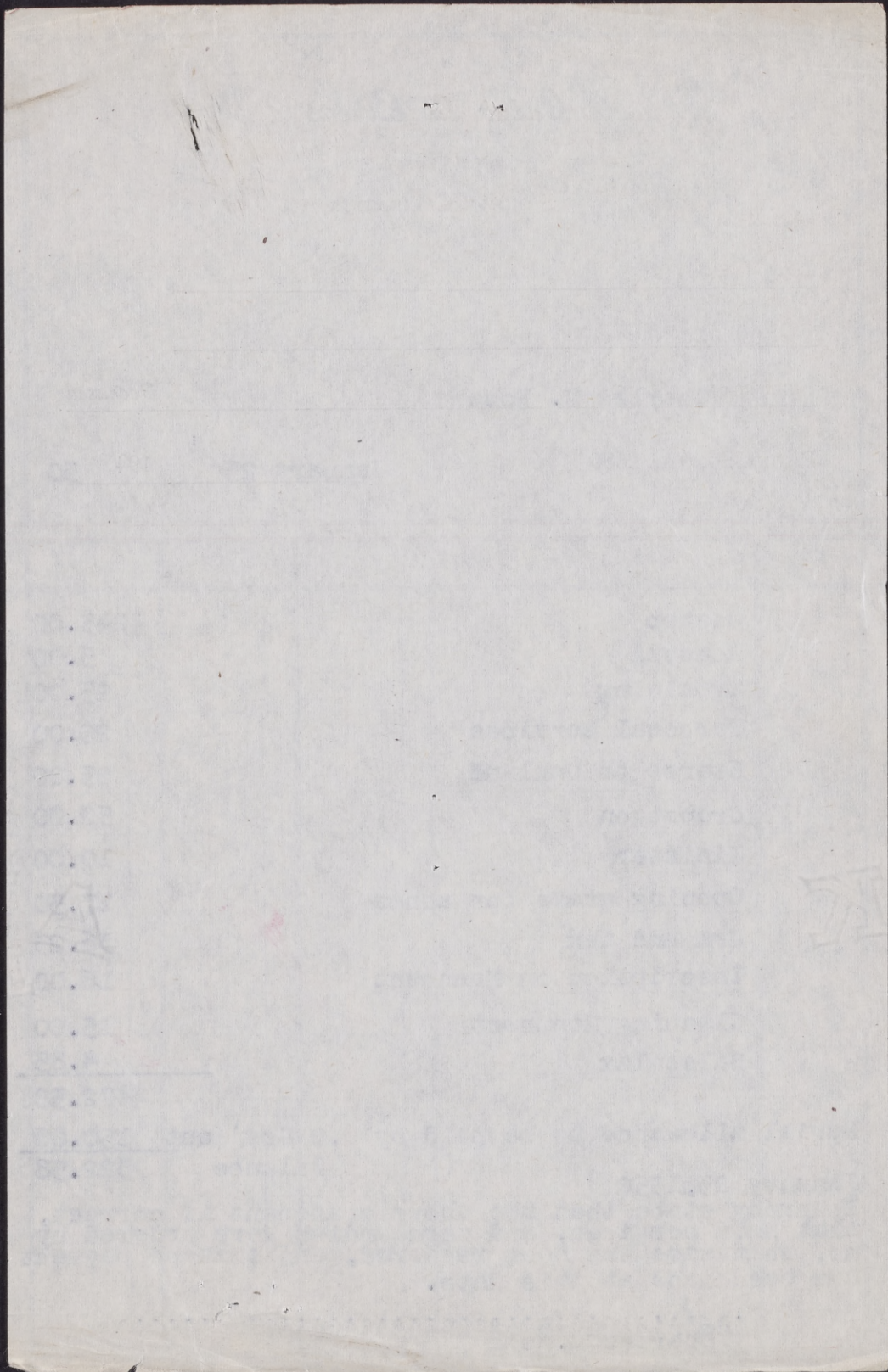
Casket	\$243.00
Removal	5.00
Embalming	25.00
Personal services	25.00
Hearse to Oakland	25.00
Cremation	50.00
Minister	10.00
Opening grave for ashes	17.50
Urn and tax	36.23
Inscription on Monument	16.00
Cleaning Monument	15.00
Sales Tax	4.85
	<u>\$472.58</u>

Burial allowance to be paid by U.S Gov't 150.00
Balance 322.58

January 25, 1950

I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, that same has been rendered, and that no payment has been made at this date.

Administrator of the estate of
Charles M. Rose



CERTIFICATE IN LIEU OF LOST OR DESTROYED

DISCHARGE CERTIFICATE



To all Whom it May Concern:

Know ye, That

Charles M. Rose 160 056
a Sergeant of 37th Company, 20th Engineers,
United States Army, who was enlisted
on 31 July 1917 at Fort McDowell, California
to serve for the period of emergency was Honorably Discharged
from the service of the United States on 25 February 1919, by reason of
Demobilization

At time of enlistment gave age and place of birth as: 27 years and 1 month,
Muskegon, Michigan
Character: Excellent

Given at the War Department, Washington, D. C., on 17 February 1917

By authority of the Secretary of War:

EDWARD F. WITSELL
Major General,
The Adjutant General.

This Certificate is given under the provisions of the Act of Congress approved July 1, 1902, "to authorize the Secretary of War to furnish certificates in lieu of lost or destroyed discharges" to honorably discharged officers or enlisted men or their widows, upon evidence that the original discharge certificate has been lost or destroyed, and upon the condition imposed by said Act that this certificate "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty, or other allowances, or as evidence in any other case."

NOTE.—This certificate is issued from the office of The Adjutant General of the Army without erasure. Any addition, alteration, or erasure made thereon is unauthorized.

RS-DW/fw LEB

TRANSCRIPT FROM RECORD OF SERVICE

PRIOR SERVICE

None

BATTLES, ENGAGEMENTS, EXPEDITIONS

None

WOUNDS RECEIVED IN ACTION

None

DECORATIONS, MEDALS, AND CITATIONS

None

SERVICE OVERSEAS IN

France

SAILED FROM U. S.

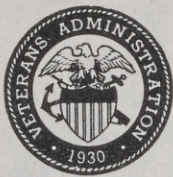
10 September 1917

ARRIVED AT PORT ON RETURN TO U. S.

9 February 1919

REMARKS

None



VETERANS ADMINISTRATION

DISTRICT OFFICE
-----1509 CLAY STREET-----
OAKLAND 12, CALIFORNIA

February 27, 1950

YOUR FILE REFERENCE:

Bates & Evans
521 Broadway
Sonoma, California

IN REPLY REFER TO: OA8BA
XC 6 358 911
ROSE, Charles Marvin

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. Tonkin
C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

WFD-12-8-49-3000 02630
U. S. GOVERNMENT PRINTING OFFICE : 1946-O-705344-818



VETERANS ADMINISTRATION

DEPT. OF DEFENSE
WASHINGTON, D. C. 20334

OFFICE OF THE SECRETARY

TO: THE SECRETARY
FROM: THE SECRETARY

DATE: 10/1/50
SUBJECT: [Illegible]

[Illegible text block]

[Illegible text block]

[Illegible text block]

[Illegible text block]

Bates & Evans

Funeral Directors

SONOMA, CALIFORNIA

Mr. _____

Funeral of **James J. Dunn**

Deceased

PHONE SONOMA 2686

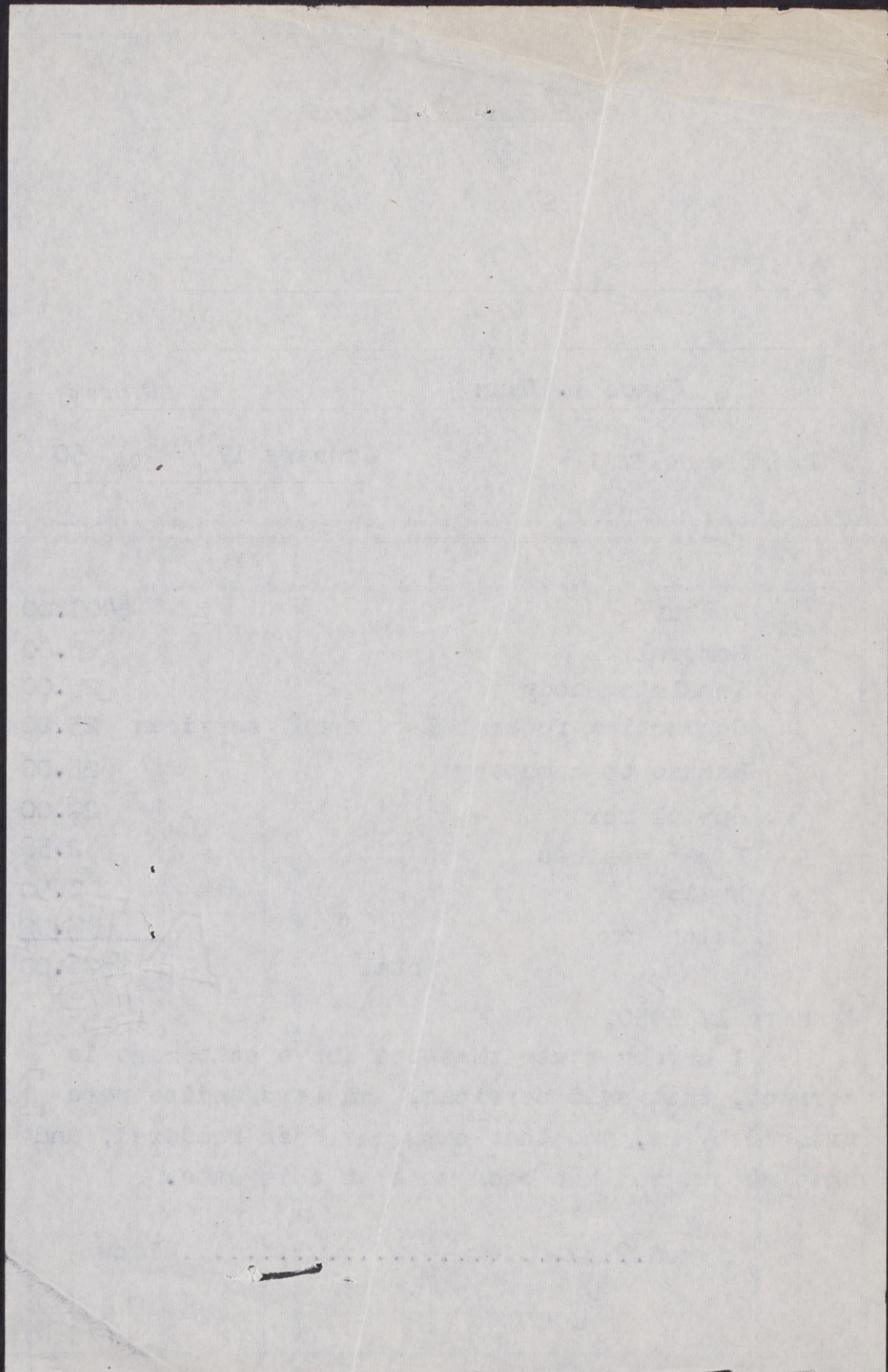
January 17, 194 **50**

Casket	\$403.00
Removal	5.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Hearse to cemetery	25.00
Burial box	25.00
Paper notices	2.58
Music	7.50
Sales Tax	7.92
Total	\$526.00

January 17, 1950,

I hereby state that the above statement is correct, that said services, and merchandise were ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed Mildred W. DunnWidow





VETERANS ADMINISTRATION

DISTRICT OFFICE
-----1509 CLAY STREET-----
OAKLAND 12, CALIFORNIA

February 10, 1950

YOUR FILE REFERENCE:

IN REPLY REFER TO: OA8BA
XC 9 777 210
DUNN, James J.

Bates & Evans
521 Broadway
Sonoma, California

Dear Sirs:

An award covering an allowance on the funeral and burial expenses of this veteran has been approved in the amount of \$ 150.00, and payment will soon be made to your concern.

IMPORTANT NOTICE—WHEN THE PAYEE IS AN UNDERTAKER OR OTHER CREDITOR

If your account for this veteran has been paid in full, or reduced through the receipt of payment from any source to an amount less than that shown above, the check in payment of this allowance should not be retained or negotiated, but must be returned to the issuing office of the Division of Disbursement, Treasury Department, shown on the envelope in which the check is mailed, together with a letter stating the reason for its return.

All correspondence relative to this case must show the veteran's name and XC-number given above.

Very truly yours,

C. B. TONKIN
Chief, Dependents and Beneficiaries
Claims Division

FL 8-21
Mar. 1946
Replaces Forms 610 and 610a

WFD-12-8-49-3000 02630
U. S. GOVERNMENT PRINTING OFFICE : 1946-O-705344-818



VETERANS ADMINISTRATION

DISTRICT OFFICE

1400 BAY STREET
SAN FRANCISCO, CALIFORNIA

August 11, 1950

Mr. J. J. [Name]
[Address]
[City, State]

Dear Sir:

Enclosed for you are two copies of a letterhead memorandum from the Department of Veterans Affairs, dated August 11, 1950, and captioned as above. The letterhead memorandum is being furnished to you for your information and for your use in the event you are requested to furnish information regarding the same.

Very truly yours,
[Signature]
[Title]

cc: Mr. [Name]
Mr. [Name]
Mr. [Name]

100-123456-1000

100-123456-1000

Date 1/31/50

Name DUNN, James J.

File No. C 9 777 210

(C, XC, K, N, etc.)

This acknowledges receipt of Claims form recently received
in this office.

This matter will receive all necessary attention and action.

Signed V. G. Johnson
for :

Title

Chief, Admin. Div.

FL 3-30

Aug. 1946

Replaces Form 3250 which may be used.

16-50696-1 GPO

RLM

DISTRICT OFFICE
Veterans Administration OA3BBB
1509 Clay Street
Oakland 12, California

RETURN AFTER FIVE DAYS

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300
(GPO)

Bates & Evans
521 Broadway
Sonoma, California

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1-1146-47

- 1- PATROL CAR
- 2- ESCORT Commander
CHAPLAIN PENNINGTON
- 3- HONOR GUARDS
73A HEARSE
- 4- Pall BEARERS
- 5- " "
- 6- Col OVERL + OFFICERS
- 7- CAPT KINKADE
- 8- PATROL CAR -

THE UNIVERSITY OF CHICAGO

LIBRARY

1800 S. MICHIGAN AVE.

CHICAGO, ILL. 60607

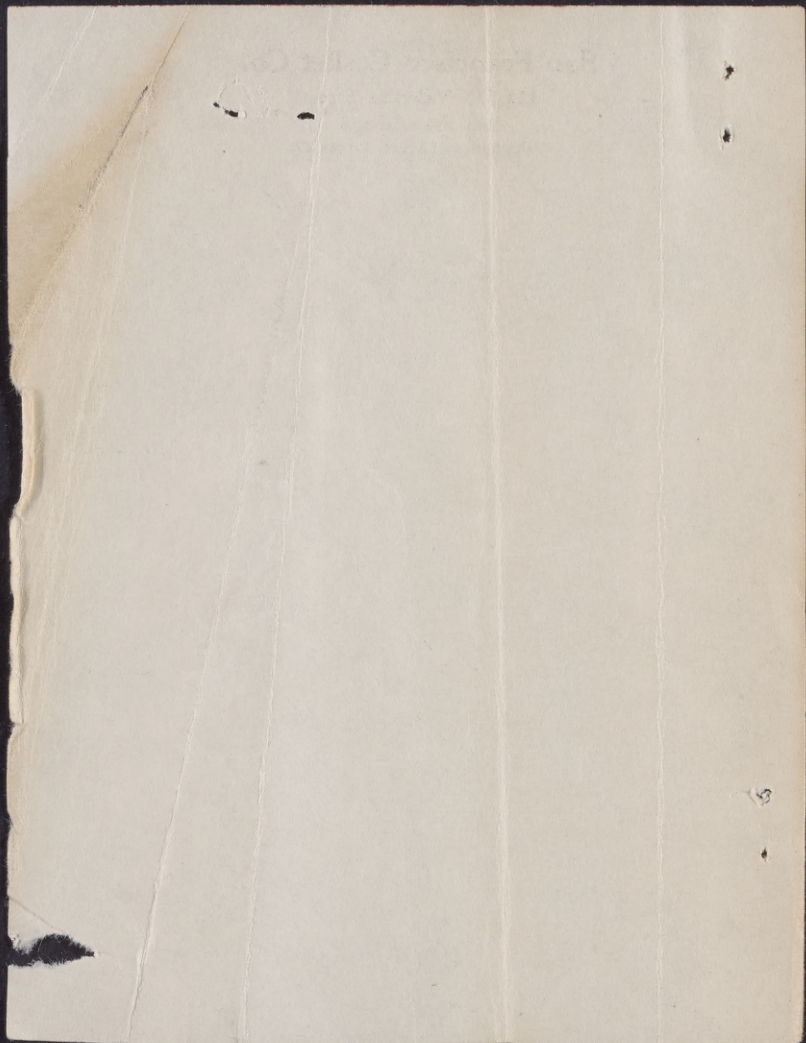
San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

Telephones Market 1-1146-47

Col. Conner.
Person In ch'g.



TELEPHONE 2686

Bates and Evans

Funeral Directors

SONOMA, CALIFORNIA

Jan. 17, 1950

Recieved from Bates & Evans the following;

Transient papers for General Arnold
Burial Permit for General Arnold
Transit papers for above

Signed.....

Escort in Charge

Walter A. Connor
Walter A. Connor USAF

MADE IN
INDIA

HEADQUARTERS COMMAND
UNITED STATES AIR FORCE
BOLLING AIR FORCE BASE
WASHINGTON 25, D.C.

24 February 1950

Bates and Evans Funeral Home
Sonoma, California

Dear Sirs:

This headquarters is in receipt of a letter from Mrs. P. E. Van Nostrand, requesting that certain information about the late General of the Air Force Henry H. Arnold be furnished your office.

At the time the late General Arnold retired from active service, his name on official records was given as "Henry Harley Arnold."

He was the son of Mr. H. A. and Mrs. Louise Harley Arnold.

He was married to Miss Eleanor A. Pool on September 10, 1913.

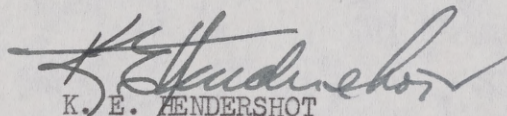
The inception of his military career was when he entered the Military Academy at West Point, New York, on August 1, 1903. His serial number was O 2255.

He retired from the service on June 30, 1946. His rank at that time was General of the Army, and his official capacity was Commanding General, Army Air Force.

While in retirement, the President of the United States by executive order appointed General Arnold, General of the Air Force.

It is hoped that the information contained herein satisfies your requirement. However, if there is any further information you desire, do not hesitate to call upon us.

Sincerely yours,



K. E. HENDERSHOT
Captain, USAF
Adjutant General

HEADQUARTERS COMMAND
UNITED STATES AIR FORCE
BOLLING AIR FORCE BASE
WASHINGTON 25 D.C.

24 February 1950

Colonel and Major General
General, California

Dear Sir:

This headquarters is in receipt of a letter from Mr. J. E. Van
Nostrand, requesting that certain information about the late General
of the Air Force, be furnished to him.

At the time the late General was active in the service,
his name on official records was given as "Henry Earl
Arnold."

He was the son of Mr. J. E. Arnold and Mrs. Louise Arnold.
He was married to Miss Eleanor J. Arnold on September 10,
1913.

The inception of his military career was when he entered
the Military Academy at West Point, New York, on August 1, 1903.
His serial number was 9 2222.

He retired from the service on June 30, 1940. His rank at
that time was General of the Army, and his official capacity
was Commanding General, Army Air Corps.

While in retirement, the President of the United States by
executive order appointed General Arnold, General of the Air
Force.

It is hoped that the information contained herein satisfies your
request. However, if there is any further information you desire,
do not hesitate to call upon us.

Sincerely yours,

W. P. H. H. H.
Captain, USAF
Adjutant General

HEADQUARTERS COMMAND
UNITED STATES AIR FORCE
BOLLING AIR FORCE BASE
WASHINGTON 25, D.C.

24 February 1950

Bates and Evans Funeral Home
Sonoma, California

Dear Sirs:

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He was the son of Mr. H. A. and Mrs. Louise Harley Arnold.

He was married to Miss Eleanor A. Pool on September 10, 1913.

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Sincerely yours,

K. E. HENDERSHOT
Captain, USAF
Adjutant General

HEADQUARTERS COMMAND
UNITED STATES AIR FORCE
BOLLING AIR FORCE BASE
WASHINGTON 25, D.C.

12 JANUARY 1950

TO: THE SECRETARY OF THE AIR FORCE
FROM: THE COMMANDER, BOLLING AIR FORCE BASE

1. This memorandum is in reply to a letter from the Secretary of the Air Force dated 12 January 1950, regarding the proposed construction of a new terminal building at Bolling Air Force Base.

2. The proposed terminal building is located on the east side of the base, adjacent to the existing terminal building. The proposed building is approximately 100 feet long and 40 feet wide.

3. The proposed building is designed to provide additional parking space for aircraft and to provide a waiting area for passengers. The proposed building is also designed to provide a place for the sale of refreshments and souvenirs.

4. The proposed building is estimated to cost \$100,000. The proposed building is to be constructed of concrete and steel. The proposed building is to be completed by the end of the fiscal year 1951.

5. The proposed building is to be located on the east side of the base, adjacent to the existing terminal building. The proposed building is to be approximately 100 feet long and 40 feet wide.

6. The proposed building is designed to provide additional parking space for aircraft and to provide a waiting area for passengers. The proposed building is also designed to provide a place for the sale of refreshments and souvenirs.

7. The proposed building is estimated to cost \$100,000. The proposed building is to be constructed of concrete and steel. The proposed building is to be completed by the end of the fiscal year 1951.

Very truly yours,
The Commander

W. H. WILSON
Major General, USA
Commanding General

San Francisco Casket Co.

321-335 Valencia Street

San Francisco, 3

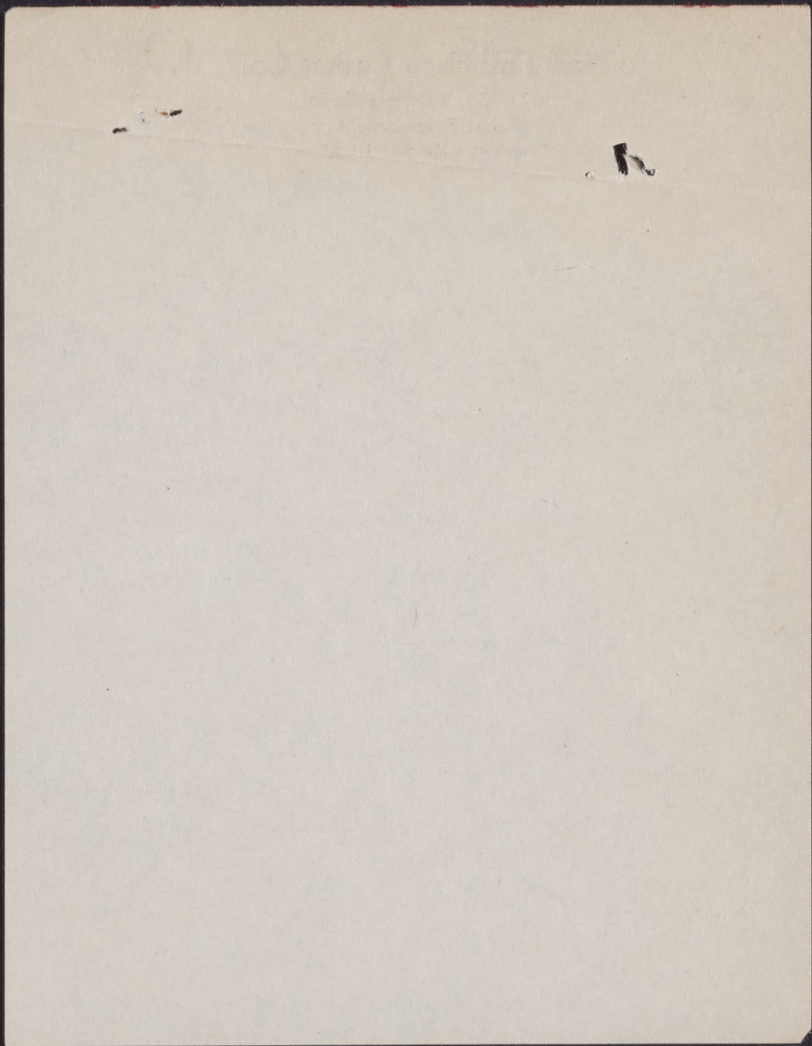
Telephones Market 1-1146-47

A

Flynn

Drafted: In Montana
In. 1918 to Camp Lewis
Discharged shortly close
of War.

No Bonus collected
in 1935



Phone Santa Rosa 6-R
Box 524



Redwood Highway
at Hearn Avenue

Chapel of the Chimes
CREMATORIUM--COLUMBARIUM--MAUSOLEUM

No 8721

RECEIVED FROM M

*Bates & Evans
Sonoma, Calif.*

Santa Rosa, California,

Mar. 29, 19*50*

Crematorium Services For

August Bohler

45.00

Memorial Section
--including endowment fund deposit--

Tier

No.

Urn

Chest

Sales Tax

Flower Service { Twice }
 { Once } Each Week, from

to

{ Rental }
{ Care } from

to

to

Engraving

Permit



50

Total

45.50

Credits

Received

Forty-five and 50/100

Dollars

45.50

Present Balance

CALIFORNIA CREMATORIUM

Check No.

90-667-1274

Record No.

3904

Per

Bureau of Totals

CREMATORIUM - COLUMBIAN MUSEUM
Department of the Interior

C
B
B1
B2

Joe Tabarracci.

3925 Cherry St.

Del Paso Hgts.

Sacramento, Calif.

3
11

4

Man's wedding Ring -
RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1

Robert A. Olson

(Signature or name of addressee)

2

Deliver to addressee only.

(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

SEP 22 1950

Date of delivery _____, 19____

Post Office Department

OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300

(GPO)



GIVE - ENOUGH
THROUGH YOUR
COMMUNITY FUND

POSTMARK OF DELIVERING

OFFICE

Return to

Bates & Evans

(NAME OF SENDER)

Street and Number,
or Post Office Box,

P. O. Box 535

REGISTERED ARTICLE

384

Post Office

SONOMA

No.

INSURED PARCEL

State

CALIF

No.

16-12421

May 8, 1950

Erskine, Pillsbury & Tulley
625 Market St.
San Francisco 5, Calif.

Re: Estate of H.H. Arnold Deceased.

Dear Sirs:

Referxng to your letter of February 24, 1950,
we wish to state that we have not been paid for the
funeral expenses of H.H. Arnold, in the amount of
(\$654.00), neither have we received any communications
regarding same.

Yours Very Truly,

Bates & Evans, Funeral Directors

EGE/Je

By,

Owner

May 5, 1950

Mr. J. Edgar Hoover
Federal Bureau of Investigation
Washington, D. C.

Dear Mr. Hoover:

I am writing you to inform you of the results of the investigation conducted by the New York Office of the Federal Bureau of Investigation on May 4, 1950, in connection with the case of the missing aircraft of the United States Navy, which was reported missing on April 27, 1950.

Very truly yours,
Special Agent in Charge

MORSE ERSKINE
EDWIN S. PILLSBURY
J. BENTON TULLEY
DAVID C. DUNLAP
MORSE ERSKINE 29

LAW OFFICES OF
ERSKINE, PILLSBURY & TULLEY
625 MARKET STREET
SAN FRANCISCO 5

TELEPHONE
EXBROOK 2-5431
CABLE ADDRESS
"ERSK"

May 10, 1950

Messrs. Bates and Evans
Funeral Directors
Sonoma, California

Gentlemen:

Re: Estate of General Arnold

Thank you for your letter of May 8
in which you state that you have not been paid
for the funeral expenses in the amount of \$654.

I will take this up immediately with
the proper parties, and endeavor to arrange for
prompt payment.

Yours sincerely,

ESP/cf

Edwin S. Pillsbury

WAR DEPARTMENT PURCHASE ORDER

DATE 16 May 50		CONTRACT No. (If any)
SHEET No. 1	No. OF SHEETS 1	ORDER No. (19-038)50-7095
ABOVE CHECKED NUMBER(S) MUST APPEAR ON ALL PACKAGES AND PAPERS RELATING TO THIS ORDER.		

ISSUED BY: **Purchasing & Contracting Office**
Bolling Air Force Base
Washington 25, DC

TO: (Contractor and address; also factory address, if required)

Bates & Evans
Funeral Directors
Sonoma, California

SHIP TO:

AF-15 SO
Bolling Air Force Base
Washington, DC

REQUISITION No. DIRECTIVE No.

PAYMENT WILL BE MADE BY FINANCE OFFICER, U. S. ARMY, AT:
Bolling Air Force Base
Washington 25, DC

INVOICE FOR PAYMENT WILL BE MAILED TO:
Purchasing & Contracting Office
Bolling Air Force Base, DC

THE SUPPLIES AND SERVICES TO BE OBTAINED BY THIS INSTRUMENT ARE AUTHORIZED BY, ARE FOR THE PURPOSES SET FORTH IN, AND ARE CHARGEABLE TO THE FOLLOWING ALLOTMENTS. THE AVAILABLE BALANCES OF WHICH ARE SUFFICIENT TO COVER THE COST THEREOF:

5704400 060-488 P 495-07 S 99-999

IN ACCORDANCE WITH YOUR PRICE LIST/ORAL QUOTATION/WRITTEN QUOTATION OF PLEASE FURNISH THE FOLLOWING ON THE TERMS SPECIFIED ON BOTH SIDES OF THIS PAGE AND ON THE ATTACHED SHEETS, IF ANY, INCLUDING DELIVERY F. O. B.

METHODS OF PRESENTING INVOICES OR VOUCHERS, AND OF PACKING, MARKING, AND SHIPPING, SHALL BE AS PROVIDED HEREIN, EXCEPT AS OTHERWISE DIRECTED BY THE CONTRACTING OFFICER.

DISCOUNT TERMS

Net

SCHEDULE OF DELIVERIES

Services

INSPECTION POINTS

Destination

ITEM No.	SUPPLIES OR SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	(Henry Harley Arnold, General - deceased)				
	Casket				577.00
	Removal from Arnold Ranch				5.00
	Embalming body				25.00
	Personal services				25.00
	Hearse to Hamilton Field to plane				20.00
	2 certified certificates				2.00

CONFIRMING ORDER: DO NOT DUPLICATE

This contract negotiated under authority of Section 2(c)(3) Act of 19 Feb 48 (Pub Law 413 80th Cong)

I certify that the services called for in this purchase order have been rendered in accordance with the terms of the order and the specifications governing same.

UNITED STATES OF AMERICA

BY **GUY K. GREGG**
CAPT., USAF

CONTRACTING OFFICER.

CONDITIONS

1. VENDOR'S INVOICES.—Invoices shall be prepared and submitted in triplicate. Invoices shall contain the following information: Order number and contract number, if any; Government nomenclature of articles or services and Government sizes of articles; quantities, unit prices, and extended totals. Bill of lading number and weight of shipment will be shown for shipments made on Government bills of lading. The following certificate will be shown on each of the three copies of the invoice:

"I certify that the above bill is correct and just; that payment therefor has not been received; that all statutory requirements as to American production and labor standards, and all conditions of purchase applicable to the transaction have been complied with; and that State or local sales taxes are not included in the amounts billed."

The Contractor or his authorized representative will sign only the original (ribbon typed copy, if typed). When the invoice is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary," or "Treasurer," as the case may be. If State or local sales taxes are included in the amounts billed, the inapplicable words in the last portion of the certificate will be omitted.

2. DISCOUNTS.—Time, in connection with discount offered, will be computed from date of the delivery of the supplies to carrier when final inspection and acceptance are at point of origin, or from date of delivery at destination or port of embarkation when final inspection and acceptance are at those points, or from date correct bill or voucher, properly certified by the Contractor, is received if the latter date is later than the date of delivery.

3. PAYMENTS.—The Contractor shall be paid, upon the submission of properly certified invoices or vouchers, the prices stipulated herein for articles delivered and accepted or services rendered, less deductions, if any, as herein provided. Unless otherwise specified, payments will be made on partial deliveries accepted by the Government when the amount due on such deliveries so warrants; or, when requested by the Contractor, payments for accepted partial deliveries shall be made whenever such payments would equal or exceed either \$1,000 or 50 percent of the total amount of the contract.

4. INSPECTION.—Whether or not an inspection point is specified herein, all material and workmanship shall be subject to inspection and test at all times and places (including inspection and test after arrival at destination) and, when practicable, during manufacture. In case any articles are found to be defective in material or workmanship, or otherwise not in conformity with the specification requirements, the Government shall have the right to reject such articles, or require their correction. Final inspection shall be conclusive except as regards latent defects, fraud, or such gross mistakes as amount to fraud. In the event public necessity requires the use of materials or supplies not conforming to the specifications, payment therefor shall be made at a proper reduction in price.

5. VARIATION IN QUANTITIES.—Unless otherwise specified, any variation in the quantities herein called for, not exceeding 10 percent, will be accepted as a compliance with the contract, when caused by conditions of loading, shipping, packing, or allowances in manufacturing processes, and payments shall be adjusted accordingly.

6. NOTICE OF SHIPMENTS.—At the time of delivery of a shipment to a carrier for transportation, the Contractor shall give such prepaid notice of shipment as the Contracting Officer may require.

7. TAXES.—Unless otherwise indicated in this contract (a) the prices herein do not include any State or local sales, use, or other tax from which the Contractor or this transaction of the procurement of these supplies is exempt; and (b) the prices herein include all applicable Federal taxes and other applicable State and local taxes in effect at the date of this contract. Upon request of the Contractor the Government will issue tax-exemption certificates or furnish other similar proof of exemption with respect to the taxes excluded from the price. Where any duties or taxes have been included in the contract price and a refund or drawback is obtained by the Contractor by reason of the export or reexport of supplies covered hereby, or of materials used in the performance of this contract, the amount of such refund or drawback will be paid over to the Government, or credited against amounts due from the Government under this contract: *Provided, however,* That the Contractor shall not be required to apply for such refund or drawback unless so requested by the Contracting Officer.

8. WALSH-HEALEY ACT.—If this contract is for an amount in excess of \$10,000, the representations and stipulations required by section 1 of the Act of June 30, 1936 (Walsh-Healey Act, Public No. 846, 74th Congress) to be included in all contracts therein specified are hereby incorporated and made a part of this contract with the same force and effect as if fully set forth in the contract. Such representations and stipulations shall be subject to all applicable regulations, determinations, and exemptions of the Secretary of Labor now or hereafter in effect.

9. EIGHT-HOUR LAW.—This condition shall apply if Condition-8 is not applicable. No laborer or mechanic doing any part of the work contemplated by this contract, in the employ of the Contractor or any subcontractor contracting for any part of said work contemplated, shall be required or permitted to work more than 8 hours in any one calendar day upon such work at the site thereof, except upon the condition that compensation is paid to such laborer or mechanic in accordance with the provisions of this article. The wages of every laborer and mechanic employed by the Contractor or any subcontractor engaged in the performance of this contract shall be computed on a basic day rate of 8 hours per day and work in excess of 8 hours per day is permitted only upon the condition that every such laborer and mechanic shall be compensated for all hours worked in excess of 8 hours per day at not less than one and one-half times the basic rate of pay. For each violation of the requirements of this article a penalty of \$5 shall be imposed upon the Contractor for each laborer or mechanic for every calendar day in which such employee is required or permitted to labor more than 8 hours upon said work without receiving compensation computed in accordance with this article, and all penalties thus imposed shall be withheld for the use and benefit of the Government: *Provided,* That this stipulation shall be subject in all respects to the exceptions and provisions of U. S. Code, title 40, sections 321, 324, 325, and 326, relating to hours of labor, as modified by the provisions of section 303 of Public No. 781, 76th Congress, approved September 9, 1940, relating to compensation for overtime.

10. ANTI-DISCRIMINATION.—(a) The Contractor, in performing the work required by this contract, shall not discriminate against any employee or applicant for employment because of race, creed, color, or national origin. (b) The Contractor agrees that the provision of paragraph (a) above will also be inserted in all of its

subcontracts. For the purpose of this article, a subcontract is defined as any contract entered into by the Contractor with any individual, partnership, association, corporation, estate, or trust, or other business enterprise or other legal entity, for a specific part of the work to be performed in connection with the supplies or services furnished under this contract: *Provided, however,* That a contract for the furnishing of standard or commercial articles or raw material shall not be considered as a subcontract.

11. CONVICT LABOR.—The Contractor shall not employ any person undergoing sentence of imprisonment at hard labor.

12. CHANGES.—Where the supplies to be furnished are to be specially manufactured in accordance with drawings and specifications, the Contracting Officer may at any time, by a written order, and without notice to the sureties, if any, make changes in the drawings or specifications. Changes as to shipment and packing of all supplies may also be made as above provided. If such changes cause an increase or decrease in the amount due under this contract, or in the time required for its performance, an equitable adjustment shall be made and the contract shall be modified in writing accordingly, provided claim therefor is asserted at any time prior to the date of final settlement of the contract.

13. DELAYS—DAMAGES.—If the Contractor refuses or fails to perform this contract within the time specified, or any extension thereof, the Government may, by written notice, terminate the right of the Contractor to proceed with deliveries or with such part or parts thereof as to which there has been delay, and may hold the Contractor liable for any damage caused the Government by reason of such termination. The right of the Contractor to proceed with the performance of this contract shall not be terminated under this condition if the delay is due to causes beyond the control and without the fault or negligence of the Contractor, including, without being limited to, any preference, priority, or allocation order issued by the Government or any other act of the Government.

14. DISPUTES.—Except as otherwise specifically provided in this contract, all disputes concerning questions of fact which may arise under this contract, and which are not disposed of by mutual agreement, shall be decided by the Contracting Officer, who shall reduce his decision to writing and mail a copy thereof to the Contractor. Within 30 days from said mailing the Contractor may appeal to the Secretary of War, whose decision or that of his designated representative, representatives, or board shall be final and conclusive upon the parties hereto. Pending decision of a dispute hereunder the Contractor shall diligently proceed with the performance of this contract.

15. ASSIGNMENT OF RIGHTS HEREUNDER.—This condition shall apply if this contract is for \$1,000 or more, unless this contract is marked secret, confidential, or restricted. (a) Claims for monies due or to become due the Contractor from the Government under this contract may be assigned to a bank, trust company, or other financing institution, including any Federal lending agency. Any such assignment shall cover all amounts payable under this contract, and not already paid, and shall not be made to more than one party, except that any such assignment may be made to one party as agent or trustee for two or more parties participating in such financing. (b) In the event of any such assignment the assignee shall file four signed copies of a written notice of the assignment, together with one copy of the instrument of assignment, with each of the following: (i) General Accounting Office; (ii) the Contracting Officer; (iii) the surety or sureties upon the bond or bonds, if any, in connection with this contract; (iv) the officer designated in this contract to make payments thereunder. (c) Any claim under this contract which has been assigned pursuant to the foregoing provisions of this article may be further assigned and reassigned to a bank, trust company, or other financing institution, including any Federal lending agency. In the event of such further assignment or reassignment the assignee shall file one signed copy of a written notice of the further assignment or reassignment together with a true copy of the instrument of further assignment or reassignment with the Contractor; and shall file four signed copies of such written notice and one copy of such instrument with each of the parties designated in the preceding paragraph. (d) No assignee shall divulge any information concerning the contract except to those persons concerned with the transaction. (e) Payment to an assignee of any claim under this contract shall not be subject to reduction or set-off for any indebtedness of the assignor to the United States arising independently of this contract. (f) Indication of the assignment of claim and of any further assignment thereof and the name of the assignee will be made on all vouchers or invoices certified by the Contractor.

16. OFFICIALS NOT TO BENEFIT.—No Member of or Delegate to Congress, or Resident Commissioner, shall be admitted to any share or part of this contract or to any benefit that may arise therefrom; but this provision shall not be construed to extend to this contract if made with a corporation for its general benefit.

17. COVENANT AGAINST CONTINGENT FEES.—The Contractor warrants that he has not employed any person to solicit or secure this contract upon any agreement for commission, percentage, brokerage, or contingent fee. Breach of this warranty shall give the Government the right to annul the contract, or, in its discretion, to deduct from the contract price or consideration the amount of such commission, percentage, brokerage, or contingent fees. This warranty shall not apply to commissions payable by contractors upon contracts or sales secured or made through bona fide established commercial or selling agencies maintained by the Contractor for the purpose of securing business.

18. TERMINATION AT THE OPTION OF THE GOVERNMENT.—The performance of work under this contract may be terminated by the Government whenever the Contracting Officer shall determine that such action is for the best interests of the Government. If this contract is so terminated, fair compensation, within the meaning of the Contract Settlement Act of 1944 (Public No. 395, 78th Cong.) as the same may from time to time be amended, will be provided for Contractor.

19. BUY AMERICAN CLAUSE.—Subject to exemptions granted by the Secretary of War and unless otherwise specified it is understood and agreed that only such unmanufactured articles, materials, and supplies as have been mined or produced in the United States, and only such manufactured articles, materials, and supplies as have been manufactured in the United States substantially all from articles, materials, or supplies mined, produced, or manufactured, as the case may be, in the United States shall be delivered pursuant to this instrument.

20. DEFINITIONS.—Except for the original signing of this contract, and except as otherwise stated herein, the term "Contracting Officer" as used herein shall include his duly appointed successor or his authorized representative.

Sonoma Neighbors Pay Last Tribute to Arnold

(Picture on page 22)

By WALTER TREMAIN

In a little white frame funeral parlor on Sonoma's rain shrouded main street, neighbors and friends of Gen. Henry Harley "Hap" Arnold yesterday paid him simple tribute.

There were no ceremonies while the body of the white-thatched five star general of the Air Force lay in state in a highly polished eucalyptus casket at the Bates and Evans parlors on Broadway.

No big military brass paraded by to view the body of the man who built America's Air Force into the world's mightiest. Full military honors will come tomorrow, when national leaders from President Truman on down attend the burial rites at Arlington National Cemetery.

The general's family remained at home in the Valley of the Moon ranch near Sonoma where he died last Sunday morning, busy with preparations for the flight they made last night to Washington in President Truman's personal plane, "The Independence."

OLD BUDDIES.

Those who came to see the general were some old war buddies, his neighbors, nearly 200 of them, and friends from throughout the Bay area.

Members of "Hap" Arnold Squadron No. 20 of the Air Scouts at Santa Rosa, most of them between 14 and 18 years of age, drove to Sonoma to pay their respects to their "patron saint." He had dedicated the squadron, a unit of the Boy Scouts, only a few months ago.

Flags were flown at half staff and business houses closed their doors as the town's residents disregarded a steady rainfall to visit the parlors and view the flyer who had come to live near them following his retirement from the service in June of 1946.

FIVE STAR FLAG.

Not a flower graced the chapel. Mrs. Arnold had so requested, urging that those wishing to remember the general do so with contributions to the Air Force Aid Society.

All that designated the occasion as out of the ordinary was the general's own five-star flag, which stood behind the casket and alongside an American flag.

Standing smartly at parade rest while the neighbors and friends passed by the bronze handled casket was an honor guard of two

Air Force staff's sergeants, their white helmets, scarfs, gloves, belts and leggings contrasting sharply with their olive drab uniforms.

BLUE UNIFORM.

General Arnold was dressed in the regular slate blue uniform worn by Air Force officers. On his breast were nine rows of ribbons representing all the campaigns the veteran soldier had engaged in as well as the many honors that had been bestowed upon him from the time he emerged from West Point, in 1947, a second lieutenant.

Above the ribbons were his prized command pilot's wings, and below them the rare old military aviator's badge.

At 3:30 p. m., the casket was placed in a hearse and escorted to Hamilton Field by State Highway patrol cars.

Down a line of 4,000 flyers and other Hamilton Field personnel, the hearse drove slowly to the plane ramp. Finally, it fell in behind the 573rd Air Force band and a guard of honor. The strains of Chopin's "Funeral March" flowed over the field.

MUFFLED DRUMS.

Then the band played slowly the theme song of the Air Force, the familiar "Off we go into the wild blue yonder." Drums were muffled in black, and the band leader's baton was black-bowed.

A Negro Air Force policeman eloquently expressed the respect felt by the vast throng. To a group of frolicking children near the line of march, he said softly:

"Ssh, the General's coming."

At 5:55 p. m., the C-54 transport lifted its wings into the skies.

Then, as he would have wished, General Arnold's body was borne to his grave on the wings of a plane from his own Air Force. Under the cockpit window of the pilot, Capt. Gratton Miller of Speed, Ind., was placed General Arnold's five-star placard.

His body will lie in state at the Washington National Cathedral before the funeral tomorrow at 3 p. m.

Mrs. Eleanor A. Arnold, the widow, and three sons, Col. H. H. Arnold Jr., Capt. William B. Arnold and Lt. David Arnold, and a son-in-law, Cmdr. Ernest Snowden, flew from Fairfield last night. A daughter, Lois, wife of Commander Snowden, went directly from Corpus Christi, Texas, to Washington yesterday.

ORPHEUM

MARKET At 8th - TU. 5-6000

TODAY

IT'S THAT

Shelley

AGAIN!

...that
wonderful
bad girl
at her

BEST!



MORSE ERSKINE
EDWIN S. PILLSBURY
J. BENTON TULLEY
DAVID C. DUNLAP
MORSE ERSKINE, II

LAW OFFICES OF
ERSKINE, PILLSBURY & TULLEY
625 MARKET STREET
SAN FRANCISCO 5

TELEPHONE
EXBROOK 2-5431
CABLE ADDRESS
"ERSK"

February 24th, 1950

Messrs. Bates & Evans,
Funeral Directors,
Sonoma, California

Re: Estate of H. H. Arnold, Deceased

Dear Sirs:

We wish to acknowledge the receipt of your letter and statement of February 23rd, 1950. We have requested Mrs. Arnold to place her personal approval on this bill and to forward same to the Air Force with the request for payment. It is our understanding that this bill will be promptly paid. If you do not receive payment in the near future, will you please let us know.

In the meantime, we acknowledge the receipt of your creditor's claim, dated February 20th, 1950. If it should develop that payment of your statement of February 23rd, 1950, in the amount of \$654.00 is not paid by the Air Force, we will then recommend that your claim be allowed as a claim against the estate.

Trusting that the above is in order.

Very truly yours

Erskine, Pillsbury & Tulley.

ESP/cek

cc. Mrs. Eleanor P. Arnold

FOR RIVER
ENGINE OF PAVOUB
COTTON 8 BRG

11-89 PARK-PRESIDIO BRANCH 11-89
801 CLEMENT STREET

104
Bank of America

NATIONAL TRUST AND SAVINGS ASSOCIATION

No. _____

SAN FRANCISCO, CALIF.,

3 / 7

19 50

PAY TO THE
ORDER OF

Bates & Eorns.

\$ 443 ²⁸/₁₀₀

Four Hundred & Forty Three and ²⁸/₁₀₀ DOLLARS

Refer to Mail

Oliver J. Wisse

ANY BANK, SAVINGS OR TRUST CO.
OR THRU BANK OF SAN FRANCISCO
ALL PRIOR ENDORSEMENTS GUARANTEED

APR APR '50 2028

11-35 11-35 26 24 11-35 11-35

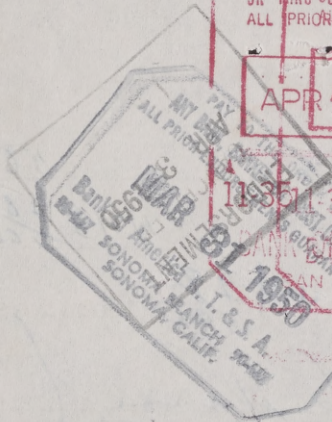
BANK OF AMERICA N.T. & S.A.

SAN FRANCISCO, CALIF.

W

Box 535

*Banks & Co
Bank of America*



Bank of America

NATIONAL TRUST AND SAVINGS ASSOCIATION

(Branch)

(Date)

912249

RETURN ITEM ADVICE LETTER

Payment of the within described check(s) negotiated by you
HAS BEEN REFUSED for one of the following reasons
as indicated by the letter shown in the column "Reason."

- A Refer to Maker
B Endorsement Missing
C Cannot Locate Account
D Signature Missing
E Post Dated

F

G

CHECK WHICH

- ☒ We return herewith
☐ We hold at window _____; if not called for in
5 days, we will send to you by ordinary mail.
☐ We hold for instructions at window _____
☐ We _____

MADE BY

(TELLER)

APPROVED BY

(ASST. CASHIER-MANAGER)

MISC-24 7-48 ORIGINAL

DRAWN BY

DRAWN ON

DATED

REASON

AMOUNT

We have charged your

CHECK
WHICH

- ☐ COMMERCIAL ACCOUNT
☐ SAV. ACCOUNT No. _____

TOTAL

RETURNED ITEM CHARGE

TOTAL AMOUNT

Ernest Evans
Box 535
Sanama

Bates & Evans

Funeral Directors
SONOMA, CALIFORNIA

Mr. _____

Funeral of Donald Harvey Armstrong

Deceased

PHONE SONOMA 2686

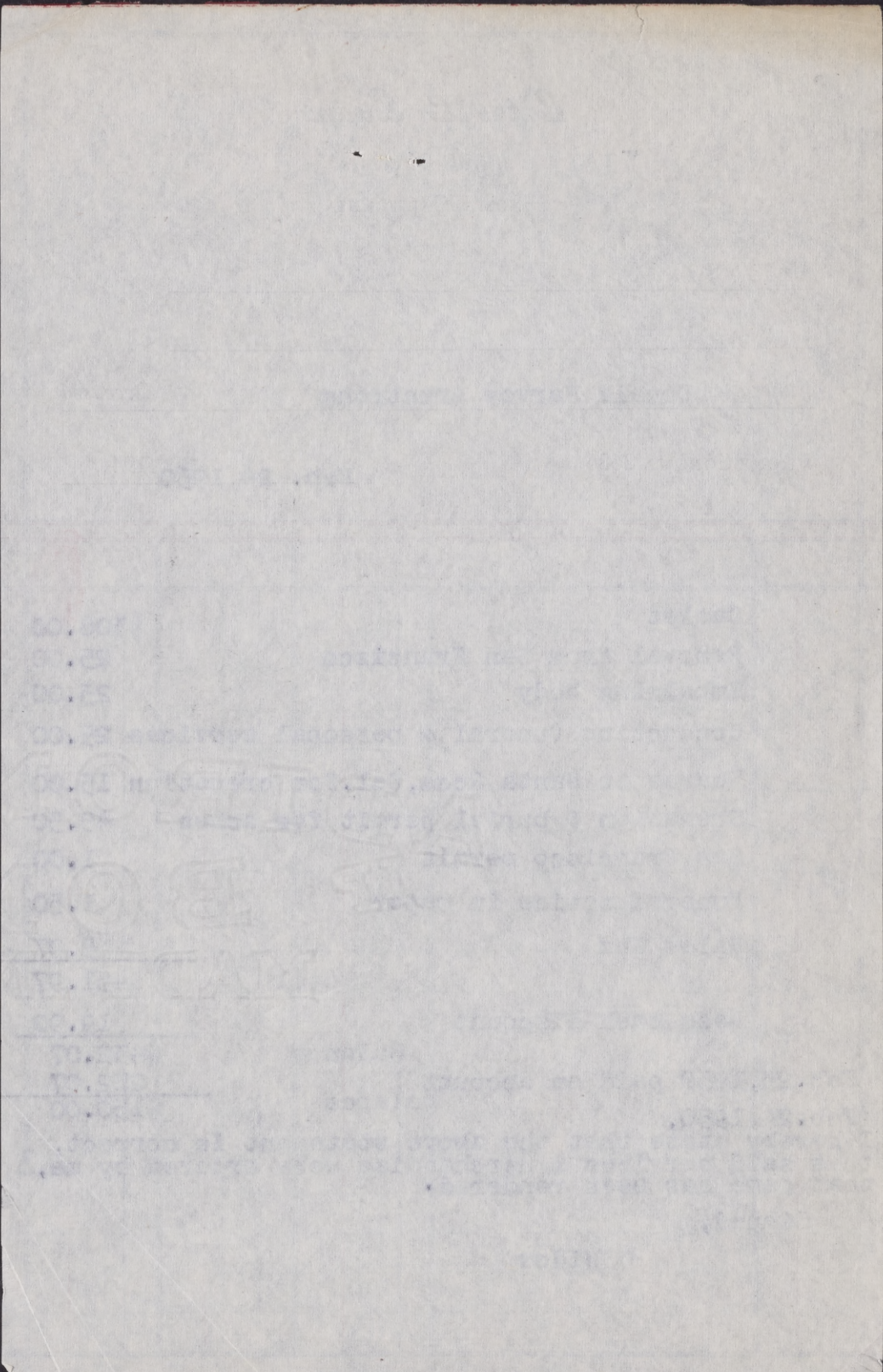
Feb. 24, 1950 ¹⁹⁴

Casket		\$308.00
Removal from San Francisco		25.00
Embalming body		25.00
Conducting funeral & personal services		25.00
Hearse to Santa Rosa, Cal. for cremation		15.00
Cremation & burial permit for ashes		45.50
San Francisco permit		1.00
Funeral notice in paper		1.50
Sales Tax		5.97
	Total	<u>\$451.97</u>
Less cash discount		<u>19.90</u>
	Balance	<u>\$432.07</u>
Feb. 23, 1950 paid on account	balance	<u>282.07</u>
Feb. 24, 1950,		<u>\$150.00</u>

I hereby state that the above statement is correct,
that said services & merchandise were ordered by me, &
that same has been rendered.

Signed,

Widow



Enlisted - March 19, 1906 - Hansting Texas
discharged - Nov 1, 1935 - Seattle, Wash.

STATEMENT

Chief Store Keeper

Sonoma, Calif., January 3

1941

Serial # 1635405

Funeral of, Charles Seely Wells

IN ACCOUNT WITH

BATES AND EVANS

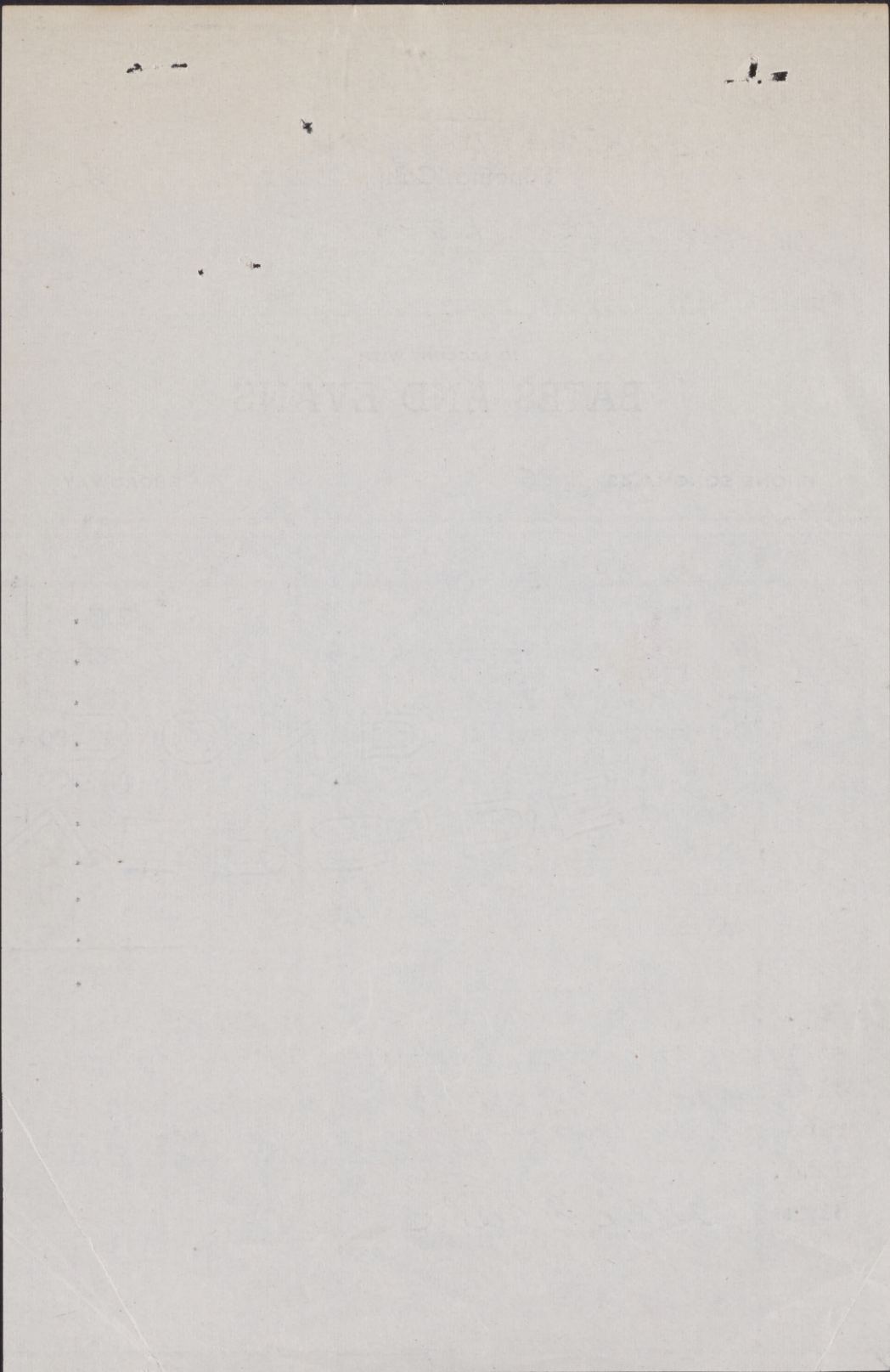
PHONE SONOMA ~~223~~ 2696

BROADWAY

Casket	\$219.00
Removal from Veteran's Home	20.00
Embalming body	25.00
Conducting funeral & personal services	25.00
Hearse to Golden Gate Cem.	20.00
Limousine to cemetery	20.00
Shirt & tax	2.58
underwear & tax	1.55
Sales Tax	4.85
Total	\$331.98

Jan. 3, 1951, I hereby state that the above statement is correct, that said services & merchandise was ordered by me, and that same has been rendered, and that no payment has been made at this date.

Signed Tillie G. Wells
Executrix of the estate of Charles S. Wells
(deceased)



LEO V. CONNOLLY
SERVICE OFFICER

VETERANS ADVISORY BOARD

IRVING KLEIN, M. O. P. H.,
CHAS. L. CALLAN, V. F. W.,
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CARL ERICKSON, D. A. V.

County of Sonoma

Veterans Service Office

ROOM 119, COURT HOUSE
TELEPHONE 3880
SANTA ROSA, CALIFORNIA

January 22, 1951.

RE: Andrieux, Celestin A.

Bates and Evans Mortuary,
Sonoma, Calif.

Dear Sirs:

We have checked with the Health Department and found they had already sent the death certificate on the above captioned to you. Will you please forward this certificate to us as we are holding the widows claim until we receive this.

The Health Department stated they would advise you not to charge Mrs. Andrieux for this certificate as it was to be used in making application to the Veterans Administration.

Will appreciate it very much if you will send this at your earliest convenience.

Sincerely,

Leo V. Connolly
Leo V. Connolly,
Veterans Service Officer.

LVC/k

U.S. DEPARTMENT OF VETERANS AFFAIRS
WASHINGTON, D.C. 20330

County of San Diego

Superior Court
Room 1200
San Diego, California 92101

January 22, 1971

Anthony, Celestia A.

James and Evans Montague,
Sonoma, Calif.

Dear Sirs:

We have checked with the Health Department and found they had already sent the death certificate on the above captioned to you. Will you please forward this certificate to us as we are holding the widow claim until we receive this.

The Health Department stated they would advise you not to charge for. Anthony for this certificate as it was to be used in making application to the Veterans Administration.

Will appreciate it very much if you will send this at your earliest convenience.

Sincerely,
Leo V. Connolly,
Veterans Service Officer.